TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 Hell retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the difending physicion and completel should be detached for use as the buriol-transit permit. Then please remavescorbon popers. Pages 100-2 with the State Dept. of Health and Mental Hygiene prior to buriol, eventually or remaval.

IMPORTANT: If Item 21 is marked or Item 8 shaws any injury, or other framatic event, the medical acoming

062034

poge 3

tely filled in the the 12 should be the

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTALHYGIEN
CERTIFICATE OF DEATHO

-1	- STATE			CATE OF DEATH	2	3 3	7 3	
1-8	87 GISTRAR					.NO		
	ECEASED NAME FIRST	MIDDLE	LA Am	AST	20 DATE OF DEATI	H MONTH	DAY YEAR -	26 HOUR 245
	Clare	nce	Arm.	strong	C	18-0	6-87	3 - AM
3. SE		4. RACE	5 DATE O		6 AGE (IN YEARS LAS		IF UNDER I YEAR	
	male	White	o3	04 16	171	YRS	MONTHS DAYS	HOURS MIN.
7o. B	SIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
17	- ndiana	U.S.A.	WIDOWEI		Carr	all C	DUNT	ty MD
10. 0	LITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		- Lange	120 USUAL OCCUP		12b KIND C	
11	losta cata	(IF NOT IN SUCH FACILITY, C	- (Las Han	TYPE OF WORK FOR MO	ST OF WORKING LIF	FE) INDUSTRY	
USU	LAL RESIDENCE LIE NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDE		ursing 170M	4 None		177	7519
13a	STATE 136 COUR	NTY 13c CITY	OR TOWN	134 INSIDE CITY LIMITS?				71
	1	rroll Wa	es + m inster			vashir	19 ton	Rd.
14. F	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN N	NAME	E	1.45	ST
	Verl	Arms	Strona	Fthel			Swa	llow
	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOC	IAL SECURITY 40.	17 INFORMANT	AD	DRESS		
	(1F YES, GI	VE WAR OR DATES)	-32-2089	Mr. Warren	Armstrong	Orange,	NJ	
			21			or array of		ONSET AND DEATH
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE		3611				DETAREN	UNSET AND DEATH
	IMMEDIA	TE CAUSE (o)	0 6 02		-			
	The course of the course	DUE TO, OR AS A CO	INSEQUENCE OF					
	Conditions, if ony, which gove rise to immediate	(b)						
	couse (o), stoting the	DUE TO, OR AS A CO	ONSEQUENCE OF					
	underlying couse lost.	. (c)						
100	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR C	ONDITION GIV	EN IN PART TO	O
CERTIFICATION	BOX I COMPA							
A	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
Ĕ					YES TO NOT		YING CAUSES	NO
1	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCU				
	OR CONTRIBUTING CAUSE OF DE							
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF INJUR	19	211. LOCATION				
WE	WHILE NOT WHILE	(AT HOME, STREET, FACTOR		STREET	CITY C	RTOWN	COUNTY	STATE
	AT WORK AT WORK	1	10		M		7,0-7	
	220 I certify that (I) (this hosp	CO V. An	67.7	. 19	10 0115	-		that (I) (we) hast
	eased plive or	ot) view the body of	th. 19 0 (an	d that / (my Mour) opinio	on death occurred on th	e date and hou	r and from the	couses stated
	116 SIGNATORE	10		DEGREE			22c DATE	SIGNED
	11100.71	Dr. 1/-		ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF (SICIAN []	81	2 85
1	228 PHYSICIAN'S NAME (TYPE	OR PRINT)		27e ADDRESS	C DIRECTOR COTTO	JICIAN _		1
	Dr. Dean G	riffin		10 Dides	Dan 3 1/1			01155
-	<u> </u>				Road Wes	minst	er, MI	21157
230	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATOR	CITY OF TOW		COUNTY	STATE
	(SPECIF BURIAL	08-07-87	Spring	field Cem.	Sykes	ville	Carro	oll MD
24 F	UNERAL DIRECTOR	1 1	ADDRESS //		ATE REC'D. BY REGISTE	RAR 256 REGIST	RAR'S SIGNAT	LURE
1	In in lit to	and Hanes	E . F. C	11 1, 000 NI	10 0 6 4007	1/1.1.	Dend. m.	Van Jacon

DHMH - 16 60M 7/84

FOR

(VRA 15, 4)

062563 AUG	ادا	07	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
002303 AUG		MATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 3 NOT 9	6
28.28.E	I. DEC	CRASED NAME FIRST STEWART		8 873
ESSARY, PLEASE FRAL DIRECTOR. OR YOUR FILES. THIN 72 HOURS RESTON STREET,	3. SEX	ale White	S. DATE OF BIRTH MONTH DAY 15. 1915 1915 1915 1915 1915 1915 1915 1	8 1087 30M
NECESSARY, FUNERAL DIRE FOR YOUR PRESTON S	7a. Bill	ETHPLACE (STATE OR PAN COUNTRY)	75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY WIDOWED DIVORCED CAPOLITY	
Y IS N I HE FL RGE FILE FILE	h	STA, n5/2-		26 KIND OF BUSINESS OPINDUSTRY
21201 FIGURE	h	ATE GAR 136 COUNT	OR OTHER INSTITUTION, GIVE ADMISSION) ITY 136. CHY OR TOWN 13d. INSIDE (ITY LIMITS? 13 STREET ADDRESS 1	AJ. 21648
BALTIMORE, MD. SAFER BEATH. IF GIVE PAGES 1, 2, ITH FORM PM 3, PAGES, TAND 2 SF IVISION OF VIEA	TAJEA	homas	MIDDLE Bailey 15 MOTHER'S MAIDEN NAME MIDDLE	LAST
BALTIMORE, ME S. GIVE PAGES 1.1. WITH FORM PM. S. F. PAGES, TWD 2 DIVISION OF WITA	16a. W	AS DECEASED EVER IN U.S. ARM S. NO OR UNKNOWN) (IF YES AVE	MED FORCES? 166. SOCIAL SECURITY NO. 17 DISAY T. Brilly Star	17 4 13
N ST., HOUR W 18. NG W RRMIT.		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATI		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
THIN CILLIN VER AL HYR		Conditions, if any, which gove rise to immediate		
201 W. UTED W. IN PEN RIAL-TR IN ACN ON, OR		couse (o) stating the <u>under-</u> lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (c)	
VITAL RECORDS, 2017 SHOULD BE EXECUTED ORD "PENDING" IN PR CHIEF MEDICAL EXA RE USED AS A BURIAL- IT OF HEALTH AND ME SURAL, CREMATION,	NOI		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4).	
TAL RE TOULD TOULD WISED A OF HEA OF HEA OF HEA	IFICATION	190 DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED?	YES NO
PARTE AND OF	CAL CERTI	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
DIVISION THIS CERTIFIC WARDED TO WARDED TO WARDED TO TATE DEPART 21201 RRIOR	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET, CITY OR TOWN COUNTY	NTY STATE
ATE, ATE, DRW			Inspection Inspection Inquiry ond in my operation Inquiry ond in my operation Industrial Inquiry Inqui	nig
TO MEDICAL EXAMINE EXECUTE THE CERTIFICY PAGE 4 SHOULD BE FA TO FUNERAL DIRECTO A FITE DEATH, WITH THE BARMORE, MARYLAN		ACTUAL SIGNATURE	TITLE (SPECIFIC MEDICAL EXAMINER CONTE	8 day 87
O MEDIC EXECUTE TO AGE 4 SI TO FUNES SAFTER DEA		EXAMINER'S NAME (TYPE OR PRINT)	of County Beneral Hospress Nestminster M&	21157
₽@&₽₹& BP	B	Q / IC	8-11-87 Druid Ridge CARLES 1230 NAME OF CEMETERY OF CREATER 1230 NAME OF CEMETERY OF CARLES 1230 NAME OF CEMETERY STORY OF CARLES 1230 NAME OF CEMETERY OF CARLES 1230 NAME OF CEMETERS 1230 NAME OF CEMETER	inon starfed.
DHMH - 17 (VR A15 ME (5)) ** 20M 4/82	7	Tame Comes D. Flets	250 AJE BEC'D, BY BEGISTRAP (256) REPRESENTATION AND ASSESSMENT AS	GHATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

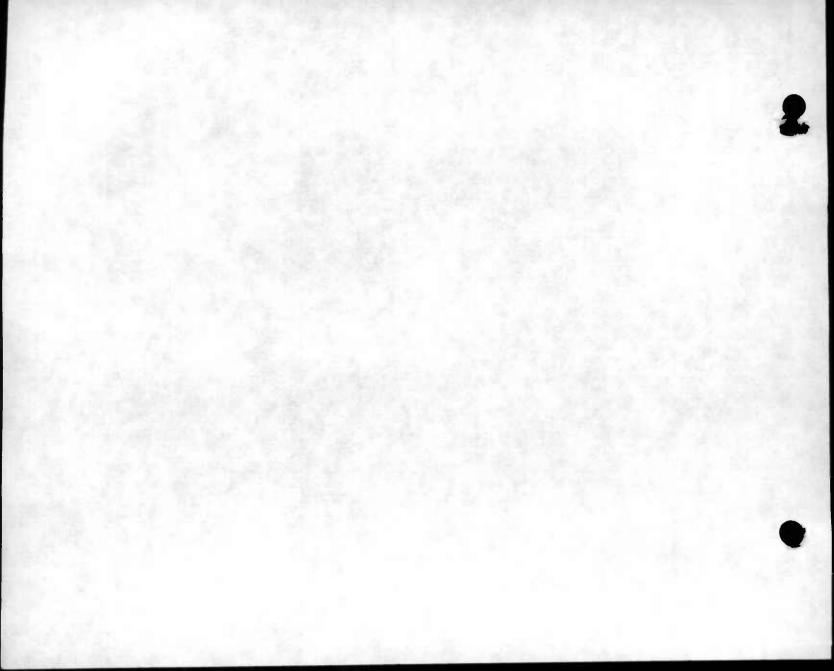
	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	7 1
0:8 AUG 1	PECEASED NAMPO BE PET	MIDDLE	Bair		1987 26 HOUR
3. S	SEX	4. RACE	5. DATE OF BIRTH		IF UNDER TYEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
s of	MALE	Cauc.	MONTH DAY YEAR 29 24	63 yrs.	ONTI DATE HOURS MIN.
35 10	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY Carroll Coun	
201/1	city or town of DEATH Westminster	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A 40 SO. COLOT	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Dept. Clerk	126. KIND OF BUSINESS OR
5 13a	UAL RESIDENCE (IF NURSING HOME OR B. STATE MD Car:	ITY 13c CITY OR TOWN	nster yes no	13. STREET ADDRESS / ZIP CODE 40 so Golonia	21157 al Ave.
exounge of the second	FATHER'S NAME FIRST Sa muel	W. Bair	15. MOTHER'S MAIDEN NA FIRST Elsie	WE	King
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU EWAR OR DATES) 220-18-	RITY NO. 17 INFORMANT	ADDRESS 5. Bair, 13e	1.
njury, or ather traumatic event, the	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE	NCE OF Scientia dise	AINAL DISEASE OR CONDITION GIVE	EN IN PART 1(0)
À T	190. DATE OF OPERATION		OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
	OR CONTRIBUTING OF CAUSE OF	TH HOUR A.M. MONTH DA	Y YEAR 19 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TB PA	ART TORPART 2)
alth and Mental marked or Item	Zid. INJURY OCCURRED WHILE AT WORK	21e. PLACE OF INJURY	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is	220.1 certify that this hospi	tol) ottended the deceased from	, 19 fig., 19 ond that in (py) (our) opinion	death occurred on the date and hour	ond from the couses stated
Aut: If Hem	John While	Etm ms		MEDICAL STAFF DIRECTOR PHYSICIAN	SIL PT
thould be	John W.	n'iddletm	625 GB	act Blood Wi	stmuster M
7.30	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY VER GREEN Memoria	736 LOCATION CITY OR TOWN 2 1 Finksburg C	county State

DHMH - 16 50M 4/83 (VRA 15, 4)

Robert K. Pritts, Sr., Westminster, Md.

AUG 0 6 1987 Auto Dender Rudes

Void Death Certificate #87-23398



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE CERTIFICATE OF DEATH

2 3 3 9 9

7	10	OF								REG. NO	J. 3			- 2	
		CEASED NAME FIR	51	۸	AIDDLE	ı	ASI	100	20. DATE OF	FDEATH	MONTH	DAY	YEAR	26. HOU	
		Charl	es	Whit	tier	BON	ID	10-TV	Aug	just	14,	1987		11:1	LOPM
1	3. SEX		4 RA	CE		5. DATE C		YE AR	6 AGE INY	EARS LAST BIRT	[HDAY]	NONTHS	LATS	IF UNDER	24 HRS MIN.
		male		white		Nov				56 yrs.					
1	C	RTHPLACE (STATE OR FOREIC	76 C		WHAT COUNTRY	? 8. MARRIE	NEVER MARR	IED 🗆	9. BALTIMORE CITY OR COUNTY OF DEATH						
		Baltimore MD		USA		WIDOWE	D DIVOR							MD.	
1		TY OR TOWN OF DEATH		IF NOT IN SUC	H FACILITY, GIVE STRE	ET ADDRESS)	R OTHER INSTITUT	ION	12a USUAL (K FOR MOST O	F WORKING	LIFE) INDE	JSTRY	BUSINE	SSOR
4		Sykesville			ircle Dr				Elec.	Syste	ems ()pt	BG8	E	
1	13a S		COUNTY		13c CITY OR TO	WN	134 INSIDE CITY L		13e STREET	ADDRESS /	ZIP CO	DE			
4	14.51	MD	Carr	:011	Sykesv	ille	YES NO.	- []	1004	Jircle	e Dri	Lve	2178	34	
Ò		THER'S NAME FIRST	WIDDLI		LAST	,	15 MOTHER'S MA	IDEN NAM	۸E	MIDDLE		Of	e IAN	noff	
		James	W.		Bot		Esther		15.00	40000	F.F.				
	. IY	VAS DECEASED EVER IN U			217-24-		17 INFORMANT Paulin	o F	Pond	7	834 1	Water	Oak	Pt.	Rd.
	No	NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATE			217-24-	4900	Faullii	e E.	BOIIG	Pa	asade	ena, l			
		18 CAUSE OF DEATH (En	nter only on	e couse per	line for (a), (b), c	ind (c).)	A		-1	1		86	TWEEN O	MATE INTER	DEATH
			EDIATE CA		70h. 5	MANN	UENL	VA	OP	nux	16-				
			100	DUE TO, OF	R AS A CONSEQ	UENCE OF									
		Conditions, if any, wh		(b)		-	1900								
		couse (a), stating (he }	DUE TO, OF	R AS A CONSEQ	UENCE OF						A			
				(c)						-					
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								IVEN IN P	ART 10				
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	NDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 206. IF YES, WERE FINDINGS USE					GS LISEI	0	
1	IFIC.		500	.,,						МОП	IN CER	TIFYING C		OF DEAT	TH?
H	ERT	21a. ACCIDENT WAS UNDERLY	NG 🗍	216. TIME O	FINJURY		21c HOW INJURY	OCCURR	YES D				ART 2)	NO [
		OR CONTRIBUTING CAUSE	OF DEATH	HOUR A.	M. MONTH				(2,11,1,11						
	MEDICAL	(IF EITHER, NOTIFY MEDICALE)		P./		19	211 LOCATION				-	-	-		
	ME				EET, FACTORY, OFFICE	FARM ETC)	STREET		^	CITY OR TO	WN	COU	MIA	S	TATE
d		AT WORK		44	N	Jur	4 31	87	- A	Ulaus	114	10 8	7	-	-
	(9)	2 a i certify that (1) (this saw the deceased of above, (1) ((we)) (did) (nospirein c	はかいち	T 10 12		nd that in (my (our)	1	leath occurre	d on the de	te and h	our and fu	om the c	not (nted
1		above, (I)(we)/did)	d d pot vie	wille body	offer death.		DEGREE			0 01 110 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			SIGNED	7160
Н			TT	YI V	Dal	1/10	ATTEN	DING _	MEDICAL	STAF	F		21	-12	7
4	6	791 PHYSICIAN'S NAME	LINDE OR DESIGN	1	TY Y	UNA.	22g ADDRESS	ICIAN L	DIRECTOR	☐ PHYSIC	IAN		0//	210	
	111	DAUA-	4.6	JR4	\$/A43		900 (DAT	Him	JE.	HOA	N7.	40	2	198
		SURIAL, CREMATION, REM	OVAL 23	DATE	230	NAME OF C	EMETERY OR CREM	ATORY	23d LOC/	ATION					
		Burial		Aug.	18,87 G	len Ha	ven Mem.	Pk.	Glei	n Buri	nie	AA	Y	M	D _{v1E}
		INERAL DIRECTO	9/1/	nes.	ADDRESS			25a. DATE	REC'D: BY R		F a 1		1	IDE	C 4
	SI	NGLETON FUNE	ERAL H	IOME,	GLEN BUI	RNIE, I	MD	AUG	184	007.	wind	heridon.	-1/0	John	

DHMH - 16 60M 7/84

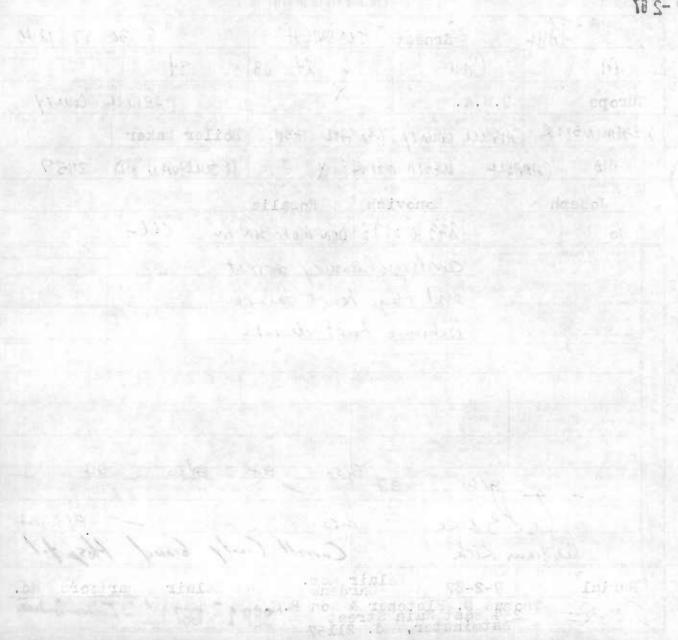
(VRA 15, 4)

064511

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE/ CERTIFICATE OF DEATH

23400

1		REGISTRAR		CERTII	ICATE OF DEATH	REG NO	o. 💖		9
1	1/1/19	TAUL	Ernes		ONOVICH		MONTH DAY	S7	1240 M
	1.56	M	1 RACE CAU	5. DATE C	6 DAY 24 YEAR 03	AGE (IN YEARS LAST JIR	YRS.		IF UNDER 24 HRS HOURS MIN.
1	I	Europe	U.S.A.	WIDOWE	D NEVER MARRIED U		4RROLL	Cu	MD.
0	W	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR CHERULE COUNT	REET ADDRESS!	EAR HUST.	Boiler M		ZE KIND OI NDUSTRY	F BUSINESS OR
Ý	N. B. S.	MD 136 CAR	OTHER INSTITUTION GIVE RESIDENCE BE NOT 134 CITY OF TO WEST N			13 STREET ADDRESS	N RD	211	57
2	6	<pre>Joseph</pre>		vich	IS MOTHER'S MAIDEN NAM	ADDRE		LAS1	
		NAS DECEASED EVER IN U.S. ARI YES. NOOR UNKNOWN) (IF YES GIV	MED FORCES? (E WAR OR DATES) 160 SOCIAL SE 173 0	8913	DON MORRISAN	JRN C	C6H		
		PART I. DEATH WAS CAUSE IMMEDIAT		BETWEEN	MATE INTERVAL DINSET AND DEATH				
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF TO THE PROPERTY OF THE PR	Juence OF	heart failur	2			
	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERMIN	nal disease or coni	DITION GIVEN II	V PART 110	
1	CERTIFICATION	9a DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES	IGS USED OF DEATH? NO
1	100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUS	Y IN ITEM IB PART I	OR PART 2)	
111	MEDICAL	214 INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	CE FARM, ETC 1	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
9		220 1 certify that (1) (this haspi saw the deceased alive an	98/30 19	A-7	d that in (my) for aprinian di	eath accurred on the do	19 te and have and	,	that (I) (we) ast causes stated
		22b. SIGNATURE	B KIRK			MEDICAL STAF		22c DATE	30(8+)
		22d PHYSICIAN'S NAME (TYPE O Willia)	m Kirk		Carroll (unty bene	vel 1	405 pm	7.1
		BURIAL, CREMATION, REMOVAL	9-2-87	Belaii Gai	emetery or crematory Mem. Cdens	23d LOCATION Belair	Har	ford	Mã.
	24 FI	UNERAL DIRECTOR Th	omas D. Flet 254 East Mai Westminster	cher and Str	Son F. H DAIE	P 1 — 1987	25b REGISTRAR	SIGNATI	Kindsen



STATE OF MARYLAND

ī	DEC	FOR THE PROPERTY OF THE PROPER	MIDDLE	LAST	REG. NO 20. DATE OF DEATH MON	NTH DAY YEAR 2
	B	ROWN CHA	MLES		08/14/87	
3	SEX		4 RACE	1 DATE OF BIRTH	6 AGE (PENDAS) LAST BIRTHEIA	
-		M	B	02 19	08 79	VRS.
22	s. BIR	THPLACE STATE DEPOSITION	7% CITIZEN OF WHAT COUNT	MARRIED WEVER MAN	9 BALTIMORE CITY OR C	managed and the second second second
20	1	na	154	WIDOWED DINOS		County
11	0. CIT	OR TOWN OF DEATH	11. NAME OF HOSPITAL NU	RSING HOME OR OTHER INSTITU	TION 12s USUAL OCCUPATION (1995 or worked work or	175 KIND OF
6001	Des	stminster, MD.	CARROLL COUN	A Commence of the Commence of	the same of the sa	- non
220	USUAI 13a: 51	ATE A IDE COUN	OTHER HILLION CONTROL MEDICAL IN		LIMITS? IDESTREET ADDRESS / ZI	P CODE - Re
~	-	ma an	sector Correro	W. 1977 A.	on correct	Localy 9
01/1	A. FAT	HER'S NAME	NOON DAY	IS MOTHER'S MA	AIDEN NAME	2) 10
100	1	Inprocuen	I und	Eppe	unprovin	1
3 , 1		AS DECEASED EVER IN U.S. AR	MED FORCES TALL SOCIAL S	ECURITY NO. 11 INFORMANT	Mr. Boursy	- 14
11/ L		no on	212	3228 120	1144 Malked	une 8/ 5
ent, th		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and (c).1	-	BETWEEN CH
even		PART I. DEATH WAS CAUSE	E CAUSE (a) RECUE	RENT ASPIR	ATION PREVINONI	TIS HOUR
aric atic			DUE TO, OR AS A CONSE			
E 5		Conditions, if any, which	(b)	DEMENTIA		45 A
E -		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF		
ol, cr		underlying cause lost	(c)			
y, 9		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART TO
injury.	o	UN	CONTROLLED	DIARETES	ESSENTIAL	HYPERTENSIO
Prior	CERTIFICATION	% DATE OF OPERATION	196. CONDITION FOR WE	TICH OPERATION WAS PERFORME		b. IF YES, WERE FINDING CERTIFYING CAUSES O
0 6	E				YES NOT	YES [
	Ü	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR 21t. HOW INJUR	Y OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
Hera H	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	un .	19		
ē ō	9	214 INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CHY OR TOWN	COUNTY
marked		WHILE NOT WHILE AT WORK	THE STREET, PACTORT, OFF	TCE, FARM, ETC)		
and and		22a. I certify that (1) (this haspit	tal) attended the deceased fro	om	19.87 , to	, 19, th
21 is		sow the deceased alive on	1) view the body after death	9 87 , and that in (my) (au	r) opinion death occurred on the date o	and hour and from the co
e E	1	22b. SIGNATURE	1) view the body differ deoffi	DEGREE		22c. DAJE S
		Churca ST	011		NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN	2/11/
		228 PHYSICIAN'S NAME LITYPE OF	ming The Con	22e ADDRESS	SICIAN DIRECTOR PHYSICIAN	1 3/14/
ANT: #				110 / 100 / 1200		
with the Stot						

DHMH - 16 60M 7/84 (VRA 15, 4)

	STA	TE	OF	MA	RYL	AND
DEPARTMENT	OF	HE.	ALT	H:A	ND	MEN

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2	3	and .	U	Ca
-	DEC 1	10		160

9.0	1927 AU	1/	40 ha			DEPART	STATI MENT OF H		RYLAND ND MENT	AL HYGIEN	E O	~ .	0 0	
00	1321 40	-	REGISTRAR				EXAMINE			OFDEA		REG. NO.	0 4	
	X		CEASED NAME PE OR PRINT)	FIRST	2201	Santo		Canr	narozzo		20. DATE KN OF E DEATH M	STI		2b HOUR
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	開発する	M	aryland		U.S.A.			WIDOWED		VORCED	Carro	oll Count	- y,	MD
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Pipell		Electrical.			asplant)
	economic Assertion	ties .wes	0/15-00-015	de y Print C. Turk della de l'Alex Game	

certificate be executed

OR ATTENDING PHYSICIAN. The low requires that the death

retained by the hospital or attending physician.

TO HOSPITAL

BP.

may be 9 4 4 9 er death 9

STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR

burial 9/1/87 Meadowridge Mem. Pk.

Elkridge,

Howard

Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Gary L. Kaufman 5695 Main St., Elkridge, Md. 2122

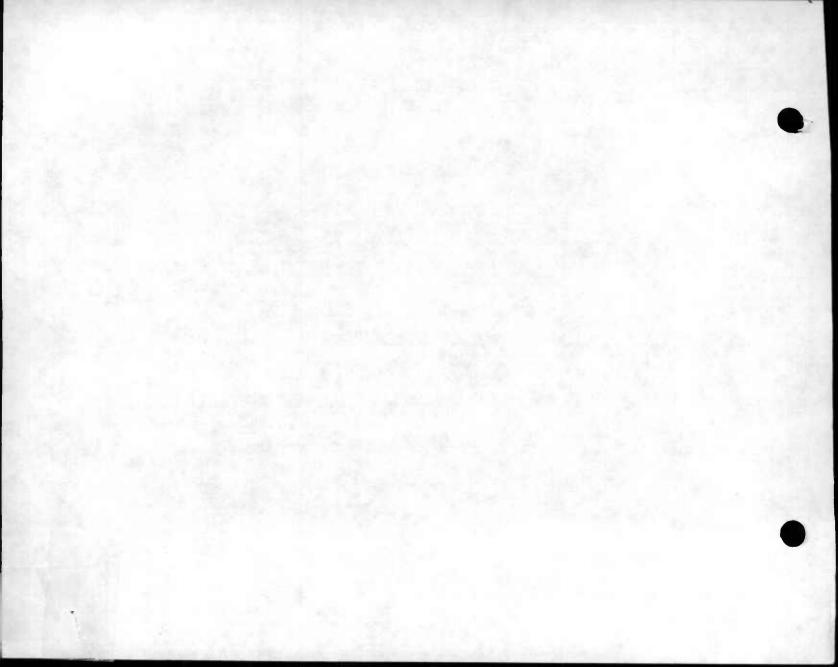
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-	E 0		REGISTRAR	151	WIDDLE	CERTIFI	CATE OF DEATH S	REG. NO 20. DATE OF DEATH	D. MONTH DAT	YEAR 26	HOUR
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ted with	260		Comus	MIDI	Chrobe	ot,Sr.	Elsie	WIDDLE		Swa	rtz
pe execu	s. Poges		VAS DECEASED EVER IN L (ES, NO OR UNKNOWN) (IF		D FORCES? 16b SOCIAL SEC AR OR DATES) 212-32-		Walter L.	Chrobot.		as # 1	3
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mor me	of cram		couse (a), stating	the sst.	DUE TO, OR AS A CONSEQU	ENCE OF					
edinine.	Then p	NO	PART 2 OTHER SIGNIFIC	ANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT N	IOT RELATED TO THE TERMI	nal disease or coni	DITION GIVEN	I IN PART 110	
ne line	119	CERTIFICATION	19a DATE OF OPERATION		19b. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	VERE FINDINGS NG CAUSES OF I	USED DEATH?
physics physics	9		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH E	AY YEAR	2)c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IB PART	I OR PART 2)	
otherden	the board Me	MEDICAL	216 INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		216 PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
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AL OR A	detoched ote Dept. IT: If them		226 SIGNATURE	3	pare v	up °	EGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗍	8 26	89
	should be de with the Store		276 PHYSICIAN'S NAME	SPF	APA. MI		22e ADDRESS	SHINGTON		WESTMI MD 2	NSTER 1157
BP_	- 2 3 5	23a 8	Burial, CREMATION, REM				metery or crematory gs Chapel	23d LOCATION CITY OF TOWN	How	tounty	Md.
нмн -	16 60M 7/84 A 15, 4)	24 FU Ch	INERAL DIRECTOR		ier,Jr.,Syk	- 1	25a. DATE	28 1987 STRAP	25b REGISTER		
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DHMH - 16 60M 7/84 (VRA 15, 4)

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Void Death Certificate #87-23405

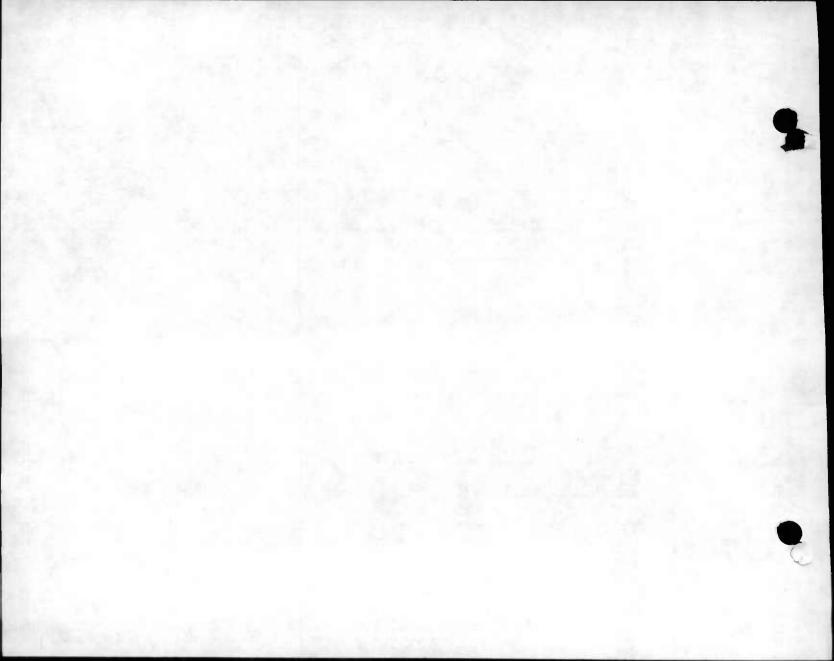


STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	Ö

Julia Devider Landace

4						E OF MARYLAND				
064	741 SEP	4	TTATE REGISTRAR	DEF		EALTH AND MENTAL HY	0 / 6.	3 -	Ü	6
			CEASED NAME FIRST	MIDDLE	ı	AST	REG. NO.	ONTH' DAY	YEAR	2b HOUR
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	pog er de	3. SE		4. RACE	5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIRTH	DAY) IF (NDER I YEAR	IF UNDER 24 HRS
	ge 4		F	WHITE	MONTH 5	18 1904	83.	YRS	IHS DAYS	HOURS MIN.
0		7a. B	RTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR CARROL		DEATH	MD
	8 11	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE CAIR ROLL C	URSING HOME C	OR OTHER INSTITUTION	170. USUAL OCCUPATIO	WORKING LIFE)	INDUSTRY	F BUSINESS OR
MARYLAND 2120	1 11 2		AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	(B). HOSPITAL	Housewif		Hom	<u>e</u>
NO 2	2 題写人		STATE 136 COU		WINDSOR	13d. INSIDE CITY LIMITS?	130 Chur	ch St	/21-	776
YLA	1 12 17	14. F/	THER'S NAME			15. MOTHER'S MAIDEN NA	AME	CII DL		
MAR	1 200		Thomas	J. For	ler	Emma	MIDDLE		Boh	
	nd co		VAS DECEASED EVER IN U.S. A		SECURITY NO.	17. INFORMANT		Sevtow	n. M.	d 21787
8ALTIMORE,	0 0 0		YES NO OR UNKNOWN) (IF YES, G	705-1	0-8694	Mary Jane	Yingling 7	43 Ot	terd.	ale Mill
W. PRESTON ST.,	is that the death certificate be ed by the attending physicion please remove carbonpapers, firial cremation, or removal. ar other traumatic event, the n		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON: (b) DUE TO, OR AS A CON: (c) (c)	SEQUENCE OF	and & poline &	2 man dance		Jan / de	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201	he low require on. has been sign t permit. Then ene prior to bu ows ony injury,	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W			20a AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDING CAUSES	NGS USED OF DEATH? NO
FVIT	SICIAN: The physicial certificate certificate ental Hygin litem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		H DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	ORPART 2)	
VISION O	or attending p or attending p After this certifie as the burial-in alth and Mental marked ar them	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DEFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
ā	spital or spital or affar use affar use affar use and far use and far use affar use af		220.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did (did n	~ 26 any	.19 <u>.82</u> , ar		death occurred on the date	e and hour or		that (((ye) lost causes stated
	HOSPITAL OR , ned by the har FUNERAL DIRE , id be detached the State Dept ORTANT. If then		226 SIGNATURE 10 Q X 226 PHYSICIAN'S NAME (TYPE	es De		ATTENDING PHYSICIAN [MEDICAL STAFF		22c DATE	SIGNED
	TO HOSPITAL TO FUNERAL should be de with the State IMPORTANT		Donald J). Coker		222 Washi	gla Heigh w	male	of les	12/157
	BP	23a. I	BURIAL, CREMATION, REMOVA	236. DATE 9/2/87		EMETERY OR CREMATORY CS Cem.	New Wind	sor C	afro	11 st Md
	DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR	ADD	RF<<		TE REC'D. BY REGISTRAR 25	Sh. REGISTRAF	S'S SIGNAT	URE
	(VRA 15, 4)		D.D. Hartzle	r New Wi	ndsor,	Md St	P 3 1987	ulia Dea	don R	indaes

Void Death Certificate #87-23407



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	新たまら 席	3 SEX	1	4 RACE	5 DAT	TE OF BIRTH		THDAY) MON			DATE "	ON H DAY	YEAR 24 HOUR
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	ESSARY, PLASE NERAL DIRECTOR. FIR YOUR FILES. WHIN 72 HOURS		RTHPLACE	STATE OR	767 CII	IZEN OF WH	AT COUNTRY?	8. MARE	IED NEVER MAR	RIED T BA	LTIMORE CITY OR	OUNTY OF DE	ATH
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NOR.	20880 -	160. V	AS DECEAS	ED EVER IN U.S.	ARMED FO	PRCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT		1507 Moon1		
Ē	IRS AFTER MITH FOR PAGES DIVISION	{Y	NO, OR UNK		GIVE WAR OR S	DATES)	214-28-	2278	Donald H.	Bango	1507 Moon! Lakeland	l. FL	ive
2	A PET S	H	NO 18 CAUSE		one	aura par lina	far (a), (b), and (c).		inoliara II.	Dange	Lakerano	APPRO	OXIMATE INTERVAL
5	INER: THIS CERTIFICATE SHOULD BE EXECUTED THIN 24 HOUR SIGNED WITHING THE WORD "PENDING" IN PENGLYIN ITEM 18. E FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG STOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMITTHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AND, 21201 PRIOR TO BURIAL CREMATION, OR REMOVAL.			DEATH WAS CAL	JSED BY:		ANDI	123/1	75% 11/A	0 4	-NYTO	BETWEE	N ONSET AND DEATH
NO	24 H		11531	IMMEI	DIATE CAU		AS A CONSEQUEN	CE OF	1000000		1010-3	V	
-	EMC ENCEN		Conditi	ans, if any, wh									
f. S. S.	S S S S S S S S S S S S S S S S S S S			rise to immedi a) stating the una		(b)	AS A CONSEQUEN	CE OE					
1 1	N AEP			ause last.		D 0 0 10, 0 K	13 A CO113CQ0E11	CC 01					
10	AND SERVICE OF THE PROPERTY OF		PART 2 DINER	SIGNIFICANT CONDIT	IONS CONTRIBI	(C)	HIT WAT BELATER TO THE	TERMINAL DISEA	E OR CONDITION GIVEN IN I	DART 1			
OR	E EXE DING DICAL TH AN	Z	THE LOTTING	John Can Congri	CONTAINS	JANO 19 BEATH	OT NOT RECAILED TO THE	TERMINAL DISEA	it or complition divin in i	PART 1 100.			
RECOR	MEAL CR	1 8	19a. DATE C	OF OPERATION		19b. CONDIT	ION FOR WHICH C	PERATION V	AS PERFORMED?			20 AU1	TOPSY?
3	SE LEE	CERTIFICATION			1776							3	S D NO D
OF VITAL	WORK ST	1 2	21a EXTERM	VAL CAUSE WAS	5	21b. TIME OF	INJURY	21c. F	OW INJURY OCCURE	RED LENTER NATUR	E OF INJURY IN ITEM 18 PART		1000
0	THE STATE OF THE S	ALC.	UNDERLYIN	IG OR	OF DEATH		MONTH DAY						
DIVISION	SHOOT	MEDICAL	21d INJURY	OCCURRED		P.M. 21e PLACE C	F INJURY (AT HON		CATION				
N	S CE	M	WHILE	NOT WHILE		STREET, FACT	ORY, FARM, ETC.)	1-1	STREET	CITY	OR TOWN	COUNTY	STATE
3	THIS WAR PAGE 2120		AT WORK	AT WORK									
	SE SA SE		220 Ice	tify that I taak ch	horge of the	e remoins des	mibed above, held	n Auto	sy , Inspect	ion . In	quiry L, and in	n my apinian	
	MIN		death resu	Ited from: N	lotural cous	ses .	Accident .	Suicide	, Homicide	Undetermin	ed manner		
	CERTI CERTI DIE DIRE		ACTUAL	(,)20	- 1)	1000	Dison		TATLE (SPECIFY.	200		DATE 22	7-01
	XESZEW -	1	SIGNATUR	E A CLAS	MIX,	110	eue	2	A.D. I.S.	MEDICAL	EXAMINER AT	SIGN	01
	MEDIC CUTE SE 4 S FUNE FUNE	100	EXAMINER	S NAME 1	OFINE	-1 -	- 41 115-9	C I M	-0 2	is Wit.	SHI) NOVON	11-16	HIS
	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFIER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 21201		(TYPE OR PI	RINT)	TIVIL	-1-1	- VIEL	VI	MODRESS	455	SHILL	FPL.	1442
	EDSE49	23a.B	URIAL, CREM	ATION, REMOVA	AL 236 DAT	TE			OR CREMATORY	23d LOCAT CITY OR TO	ION	COUNTY	STATE
07/84 25M	BP	01.5	INTERAL CO	Buria1	08/	31/87	Winter	s Ceme	etery 1250 DAT		Windsor	Carroll	MD
ZOM	DHMH - 17	74 F	NAME	ECTOR		ADDRESS			CE I	E REC'D. BY REG	ISTRAR 251 REGISTI	The Mond	
	(VR A15 ME (5))		_ D.	D. Hart	zler	Unic	n Bridge	. MD	1361	04 8	DIA (I		4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE CERTIFICATE OF DEATH

2 3 4 0 9

-				REG. N						
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR					
	Chaples	WILLIAM CADIE	eu		8/30/87 9:17					
3. SE	x		TE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HI					
	MALE		ONTH DAY YEAR		MONTHS BAYS HOURS ME					
		WALL	7 18 08	79	YRS					
70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	RRIED NEVER MARRIED		R COUNTY OF DEATH					
M	arvland	TTO A	OWED DIVORCED	Cause						
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOA		120 USUAL OCCUPATI						
	extruender	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS			F WORKING LIFE) INDUSTRY					
-		Carroll con	0-7	Farmer	. Agricultur					
	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		I 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	718 CODE					
1		roll Mancheste		3281 York						
	ATHER'S NAME	. OII Indianonosoo.	15 MOTHER'S MAIDEN NA		Bo. ETTOE					
	FIRST	MIDDLE	FIRST	WIDDLE	LAST					
	Charles A	Eppley	Daisy	A.	Bollinger					
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO	O. 17 INFORMANT	ADDRE	York St.					
	NO NO	218-34-00	51 Anna M. Er	polev Man	07.7					
	1,0		72 211111111111111111111111111111111111	No.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL					
	PART I. DEATH WAS CAUSE	ily one cause per line for (a), (b), and (c).1 D BY:		1 .						
	IMMEDIAT	ECAUSE (0) Prevaux	1 - Asque	a. D.	~ 5 de					
		DUE TO, OR AS A CONSEQUENCE O	DF.		0					
	Conditions, if any, which	(b) FACTOR	· O CAACI							
	Conditions, if ony, which gave rise to immediate									
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE O	OF.							
		(c)								
-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110					
CERTIFICATION	Table 1 Land 1 Land									
AT	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED					
Ĕ				VEC D NOD	IN CERTIFYING CAUSES OF DEATH?					
R		216. TIME OF INJURY		YES NO	YES NO					
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LIGHT AND MONTH DAY ME	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)					
SAI	(IF EITHER NOTIFY MEDICAL EXAMINER		19							
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION							
Z	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE FARM ETC	STREET	CITY OR TO	WN COUNTY STATE					
		tal) attended the deceased from		, to	. 19, that (I) (we) I					
	sow the deceased alive on above. (1) (we) (did) (did no	t) view the body after death.	, and that in (my) (our) opinion	death occurred on the de	ote and hour and from the causes stated					
	226 SIGNATURE	The state of the s	DEGREE		22c DATE SIGNED					
	8000	8.6-1	MO ATTENDING	MEDICAL STA						
	The state of the s	- Service	PHTSICIAN L	J DIRECTOR [] PHYSIC	IAN 6 8/30/87					
	224 PHYSICIAN'S NAME (TYPE)		22e ADDRESS							
	Stephens	T. Sikorski	218 Wash	instan 1	4+5					
220	BURIAL, CREMATION, REMOVAL	12th, DATE 23t NAME C	OF CEMETERY OR CREMATORY	23d LOCATION						
	(SPECIFY)	- 1- 10-		CITY OR TOWN	COUNTY STATE					
	Burial	/2/0/ New]	Lutheran Cem.							
24 F	UNERAL DIRECTOR	- / Folshamit D.	25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE -					
VN	Laure I a Viene	Eckhardt Fune		1631 1097	Julia Devideon Roadall					
		Manahaatan M.	J OTTOO MI	1111/4 (78)/	//					

DHMH - 16 60M 7/84 (VRA 15, 4) constitution of the party of the same of t

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATHS

FOR STATE

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363687 AUG 25	17	REGISTRAR				CERTIF	ICATE OF DEAT	CH	REG. NO		1 0	
0 3 0 0 1 A05 23		CEASED NAME	FIRST		MIDDLE	L	ASI	18	20 DATE OF DEATH	MONTH DA		26 HOUR
1 75	TYPE	OR PRINT)	NAON	NI	I.	E	RB			8 30	0 84	3号点
1 4 /	3. SEX	9	1	4. RACE	1	5. DATE C		EAR	AGE IN YEARS LAST BIRT			HOURS MIN.
- B - B	1	Emp	10	Wb	ite	10	07-1	1922	64	YRS		
2 32 57	la. Bi	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	B.	D NEVER MARRI	IED 🗆	BALTIMORE CITY O	COUNTY)F DEATH	
もはなっ		Maryland		U.	S.A.	WIDOWE			Carroll	Cour	ntv	MD.
TA A	10. Ç1	TY OR TOWN OF	EATH	11. NAME OF			OR OTHER INSTITUTI	ION	120 USUAL OCCUPATION	NC	126 KIND OF	BUSINESS OR
5 5 11/1	VLAP	stmins	TES		Fairfie		venue	2	Secretary			of Educ.
1 1 1 27	PUSUA Ula S	AL RESIDENCE I # N	URSING HOME OR	OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIA	MITS? 1	13e.STREET ADDRESS /	7IP CODE		
ON 75 11 25		Md.		rroll	Westmi	1-0	YES NO		822 Fair		d Ave.	21157
4 12 1	JA, FA	THER'S NAME		MIDDLE	tast		15 MOTHER'S MAIL	DEN NAM	E MIDDLE		IASI	
W 2 13/360	1/	Rov		S.	Trott		Anna		I.		IASI	
2 1 36 3		VAS DECEASED EV		MED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SS		
% NA 1/	0	res, no or unknown)	I IF YES, GIV	/E WAR OR DATES)	217-12-	3286	Dona L.	Voite	elle Westm	inster	, MD 2	1157
五 (18 CAUSE OF DE	ATH (Enter on	nly one cause per	r line for (a) (b), a		۸ :		Λ Λ		APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
2 1 291		PART I. DEATH		D BY: TE CAUSE (a)	netast	alic	malign	nai	t melan	sma		3000
N S S S S S S S S S S S S S S S S S S S			WWW.EDWY		R AS A CONSEQU	IENCE OF	0			E		
STC STC STC STC STC STC STC STC STC STC		Conditions, if o	ny, which	(1b)_	K AS A CONSEGR	ENCEO						
2 2 3111		gove rise to	mmediate)	R AS A CONSEQU	IENCE OF						To a large
W to die		underlying ca	use lost.	(10)	K AS A CONSEGR	ENCE OF						
20 a policy		PART 2. OTHER S	IGNIFICANT (CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR COND	ITION GIVE	V IN PART IIO	
80 8 729 7	ĕ.											
DIVISION OF VITAL RECORDS, NG PRYSICIAN, The law requirements physician that the this settlement has been signs as the bondifricant parent. Then the ond Avertal Hygene prior to but and or then 18 sides dry injury	CAT	19a DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20e AUTOPSY?		WERE FINDING	
2 25 251	CERTIF			S HOLD					YES NO	YES		NO 🗌
The state of the s	8	21g. ACCIDENT WAS			OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	[OR PARI 2]	
8 00 100	3	(IF EITHER NOTIFY M		.10	M.	19						
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NED!	21d. INJURY OCC			OF INJURY REET, FACTORY, OFFICE,	FARM FIC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
IVI State of the state of the s	-	AT WORK	WHITE WORK			2/1		. 13.0	010		00	
0 4 4 5 0 E		22a.1 certify that			e deceosed from	8/1	. 19	8	_, to 8/20	, 13		hot (I) (Me) last
## 554 2		saw the dece obove, (1)	gred alive on (did no	of) view the body	ofter death.	Su . o.	nd that in (my) (or)	opinion de	eoth occurred on the da	te and hour o	and from the co	ouses stated
S S S S S S S S S S S S S S S S S S S		224-STONATURE	1.10	1	010		DEGREE			W Barrie	221 DATES	
4 A B B B B B B B B B B B B B B B B B B		Sau	MAN	pourse	Kada	DW D	ATTEN PHYSI	ICIAN	MEDICAL STAF		8 7	10802
OSPIT THE STATE	1	224 PHYSICIAN'S	NAME MYPE O	DRIVENT	1 1	h N	22e ADDRESS	10	7	1 -	111	1. /
P F C F C F C F C F C F C F C F C F C F		PACK 1	1.05	Marst	NINP 41	.In.U	19/9//	IAI	colm 1	11108	Westn	min ter
0: 25:3	23a B	URIAL, CREMATIC	N, REMOVAL	23b. DATE	1/30	NAME OF C	EMETERY OR CREM.	ATORY	23d LOCATION			Md.
BP		BURIAI		08-22	-87 YT	ake V	iew Cemet	erv	Sykesvil	le Ca	rroll	MD
DUM 14 5044 4/02		JNERAL DIRECTOR							REC'D. BY REGISTRAR	25h. REGISTRA	AR'S SIGNAL	RF -
DHMH - 16 50M 4/83 (VRA 15, 4)	H	AIGHT F	UNERA:	L HOME	SYKES	VILLE	E, MD	All	G 2 4 1987	in a	soldien k	andalle

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RTMENT	OF	HE	ALT	H	AND	MENT	AL	HYG	IEI

NE,

) Al	JE	FOR STATE 28 REVSTRAR	DEPART	MENT OF HEALTH AND MENTAL H	REG. N	3 4 1 1						
		DECEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR						
	1	(Tentru	to T.	Estem		8 /21 /87 1150a						
	3.	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR							
	1	F.	h)	MONTH DAY YEAR YEAR YEAR	170	YRS DAYS HOURS MIN,						
17 1	70		76 CITIZEN OF WHAT COUNTRY?	? 8	9. BALTIMORE CITY, C	OR COUNTY OF DEATH						
18		W. Va.	USA.	MARRIED NEVER MARRIED WIDOWED DIVORCED	- 100-	MD.						
3	10	CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126 KIND OF BUSINESS OR						
(a)) (westminster !		General Hospita	al analyst							
\$ 1		JOUAL RESIDENCE (IF NURSING HOME OR 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		? 13e STREET ADDRESS	/ ZIP CODE						
70		MD (OU	MOII Westm	INSTER YES NO	1226 120St	- Ave. 21157						
E T	14	I. FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	LAST						
3	4	John Char		Daisy	7	Deal						
dicol	16	YES, NO OR UNKNOWN) (15 YES, GIVE	MED FORCES? 166. SOCIAL SECU	URITY NO. 17 INFORMANT	lestminster							
e medi	1	INKNIM -	- 131-20)- 020 Alfred E	sten, 226 F	lose Ave.						
t, th		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	ly one couse per line far (a), (b), ar	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
ever		IMMEDIATE										
ofic	1	DUE TO, OR AS A CONSEQUENCE OF										
DOUT.	1	Conditions, if any, which	(tb)									
er tr		gave rise to immediate couse (a), stating the										
or oth		underlying cause last.	(c)									
ıjury, a	1		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CON	DITION GIVEN IN PART IIa						
À		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED						
Smc					YES T NOT	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)						
S. A.	1	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU							
		00.00.00.00.00.00		DAY YEAR								
7	1 3	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	7.70	COUNTY STATE						
morked or Item	1	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM ETC) STREET	CITY OR TO	INM COUNTY STATE						
S m o		220-1 certify that (1) (this hospit	tal) ottended the deceased fram		7 . 10 8 -9	, 19 S), that (I) (we) lost						
21:		saw the deceased alive on abave, (I) (we) (did) (and not		ond that in (my) (aur) opini	ion death occurred on the d	ate and hour and from the causes stated						
Hem	П	226 SIGNATURE	Trest the oddy differ death.	DEGREE		22c. DATE SIGNED						
T. =		felilygd	volu Napan	A M PHYSICIAN	DIRECTOR PHYSIC	EIAN [(121/8)						
ZA /	7	224. PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e. ADDRESS								
IMPORTANT: If Item 21	1	CHITRAC	HEDU N'AG	ANNA 700	A POOLET	2d. Warming						
₹/	23	30 BURIAL, CREMATION, REMOVAL	236 DATE 23c	NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	- NU 93-7						
		Cremation		ARROLL CREMATIC	. EITY OR I QWN	AD COUNTY STATE						
7.01			Vashington Roa	ad 250. [DATE REC D BY REGISTRAR	250 REGISTRAR'S SIGNATURE						
7/84		Robert K. Prit	tts, Sr., Wes		UG 2 4 1987	Julia Devider Rendale						

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR - STATE REGISTRAR

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attending physicione carbon paper

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 REG. NO. 3

TYPE OR I	ASED NAME FIRST		MIDDLE	1	LAST	20. DATE OF DEATH M	ONTH DAY	YEAR 2	HOUR	
(TYPE OW)	Orvill	e 0	rden	Euba	nk		8-19-	-87	M	
3. SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTH			F UNDER 24 HRS	
	Male	Whi	te	04	-19 -13	74	YRS MO	NTHS DAYS	HOURS MIN	
	IPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8				9. BALTIMORE CITY OR COUNTY OF DEATH				
Wes	st Virginia	U.S.A. WIDO			D NEVER MARRIED DIVORCED DI	Carroll	Count	V.	MI	
	OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	N	126 KIND OF		
Svl	cesville !		CHEACILITY, GIVE STREET		care Center	Miner	WORKING LIFET	Coal Coal		
USUALR	RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)				COUL		
Mar Mar		ward	Columb		13d INSIDE CITY LIMITS? YES X NO	130.STREET ADDRESS / 10741 Cor		Malle	2104	
	ER'S NAME	Wala	1 COLUMN	714	15. MOTHER'S MAIDEN NA		uage	Walk	2104	
1	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST		
	Charles E	dward	Eubank		Minnie	Pear]		Garvi	n	
	NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	234-03-							
	NO -		236-03-	733 L	Geraldine (Clevenger F	inkspu	rg, MD	ATE INTERVAL	
18	18 CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c).1									
	IMMEDI	ATE CAUSE (a)	Prem	ma				any	-	
		DUE TO, C	OR AS A CONSEQUE	ENCE OF	1' 10-1-1			Luca	6.	
C		weeke								
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF JMMW W TY DUE TO, OR AS A CONSEQUENCE OF CVA										
-	underlying cause last. (c)								y .	
	ART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART In		
ō	Malnu	trition	UTI							
CERTIFICATION 180	DATE OF OPERATION	196 CON	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, V	VERE FINDING	S USED	
E						YES NO X	YES []	NO [
	a. ACCIDENT WAS UNDERLYING	110110	OF INJURY	AY YEAR	21E. HOW INJURY OCCUR	RED (ENTER NATURE OF INSURY	IN ITEM 18 PART	I OR PART 2)		
A O	R CONTRIBUTING CAUSE OF D	EAIN	.M. MONTH D	19						
MEDICAL	INJURY OCCURRED		OF INJURY		211 LOCATION	CITY OR TOW	N	COUNTY	STATE	
	WORK NOT WHILE	(AT HOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC]	A	d /			SIMIE	
220	. I certify that (I) (this has	pital) aftended t	he/deceased fram_	Aver	19 87	10 death	19	th	((I) (we) los	
	saw the deceased alive above, (1)(we) (did) (did)	E dad .	1	87.0	nd that in (my) (our) opinion	death accurred on the dat	e and hour a	nd from the co	uses stated	
22	SIGNATURE MA	a A C	y after death.		DEGREE			22E. DATE SI	GNED	
	INKN	1 Zum			ATTENDING	MEDICAL STAFF		X/10	1/80	
22	PHYSICIAN'S NAME ITYPE	OR PRINT)			22e ADDRESS	DIRECTOR PHYSICIA	AN	1 -1.	11-1	
	Dr. Michael	McEvov.	M.D.			enue Sykesvi	11e. M	D 2178	4	
22- BUID	IAL, CREMATION, REMOVA	-		NAME OF C	EMETERY OR CREMATORY	123d LOCATION	110/1	2170	-	
(SPEC	(IFY)		0 0 0			CITY OR TOWN		OUNTY	STATE	
24 511515	BURIAL	00-2	3-87 Ho	dam C	reek Cemetery	HACKER VA			WV	
	RAL DIRECTOR OHT FUNERAL	HOME ST	KESVILLE,	MD 2		REC'D. BY REGISTRAR 2		A THEORY	Total Control	
Livia	FOMEWATI	TOTAL DI	, ALLLE V CHILL	LID 2	1784 AUG	2 4 1987	ia Dand	loon-Rand	400	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN, The

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0645720		FOR STATE	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 7	2 3 4	1 3
D. "=	I. DE	CEASED NAME FIRST	MIDDLE	ι	AIR	REG. No. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
boge 3	3. SE	THEODORE	FRANKLIN	5. DATE C	* *	6. AGE IN YEARS LAST BIR	THDAY] IF UNDER 1 YE	AR IF UNDER 24 HRS
ge 4 moy ectar. pog vrs after de		MALE	CAUCASIAN	MONTH 12		79	YRS.	YS HOURS MIN.
neral di		RTHPLACE ISTATE OR FOREIGN COUNTRY) 1 A RYLAND	76. CITIZEN OF WHAT COUN	MARRIE	DINEVER MARRIED DINORCED		OLL COU	MD.
s after d		ANEY TOWN	11. NAME OF HOSPITAL, NO UF NOT IN SUCH FACILITY, GIVE		PIKE	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	F WORKING LIFE) INDUSTE	TOMOBILE
hin 24 hour ly filled in I should be f	0	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUP 1 A RYLAD DE GAM ATHER'S NAME		TOWN	13d. INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS	/ ZIP CODE	IKE, 1101
September 1			MIDDLE FAIR		MARGARE	57 MIDDLE	VAV	LAST HN
te be execuician and control of the medical		VAS DECEASED EVER IN U.S. AR YES)NO OR UDIKNOWN) (IF YES, GIV	E WAR OR DATES)	SECURITY NO. 34-7212	MICHAEL F	AIR (SOP)	JAME A	DRESS
requires that the death cert or taken the treatment on, arrest injury, accordent traumatic ex	NOI	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF	CINOM A (MET		DITION GIVEN IN PART	ligy
The low rection. e hos been sit permit. giene prior	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
PHYSICIAN: T anding physici this certificate e buriol-fransi d Mentol Hygi d ar Item 18gh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPLIE EITHER NOTIFY MEDICAL EXAMINES		19	211. LOCATION STREET	RRED (ENTER NATURE OF INJU		2) STATE
ATTENDING Ispital or atte CTOR. After Afor use as the af Health on	-	AT WORK AT WORK 220.1 certify that () (this haspi sow the deceased alive an above, () (we) (did) (did no		rom 12/1	d that in (m) (our) aprinion	to 8/27		
TO HOSPITAL OR A etained by the hos TO FUNERAL DIRECT should be detached with the State Dept.		226-PHYSICIAN'S NAME TYPE OF REAL PROPERTY.	ORPRINT) THICUM M	7.	ATTENDING PHYSICIAN) 270 ADDRESS TANEYTO	MEDICAL STA DIRECTOR PHYSIC		ATESIGNED
0 g 0 g g g	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	123d LOCATION		
BP		Burial	30Aug 87	Trinity	Lutheran Cem	-	, Carrolli,	
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director kiles Funeral H	136 E. Ba	altimore 1, MD 2	Street 1787 APA	G 3 1 1987	PEGISTARS SIGN	A RELIAM

064059

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 REG. NO. 2	3	4	1 4
REG, NO.			

1	9 8	FOR STATE TIGISTRAR			DEPARTM		EALTH AND MENTAL HYGICATE OF DEATH	IENE / REG. NO	2	3 4 1	4
		CEASED NAME OF PRINT)	Elsie	Ma	MIDDLE	Farr	°OW		MONTH	27,1987	26 HOUR
	3. SE)	Female		White		5. DATE C	. 10, 1920	6. AGE (IN YEARS LAST BIR	YRS.		HOURS MIN.
2	*	North C	arolina	i U	WHAT COUNTRY?	WIDOWE		BALTIMORE CITY O	Cou	nty	MD.
1		Manchest	er	4229	Hanover	Pike	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF HOUSEWI		LIFE) INDUSTRY	F BUSINESS OR
1	(3a. 5	AL RESIDENCE (IF NU	135 COUNTY	11	Manches		13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 4229 He	zip cot	r Pike	21102
1)	Junie		DDLE	Sewell		15. MOTHER'S MAIDEN NAM	Mae		Brown	
		VAS DECEASED EVE YES, NO OR UNKNOWN) NO		ED FORCES?	245-12-17		Jerome F. Fa		lanov	er Pike	102
		18 CAUSE OF DEA PART I. DEATH			line far (a), (b), and METAST o		CANCER			BETWEEN	MATE INTERVAL DNSET AND DEATH
COLUMN TOWN		Canditians, if an gave rise to in cause (a), stat underlying cau	ry, which nmediate ting the se last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE PREPAS R AS A CONSEQUE	NCE OF	CANCER.				
7	CERTIFICATION	PART 2. OTHER SIG		4			NOT RELATED TO THE TERM	200 AUTOPSY?	206 IF Y	ES, WERE FINDING CAUSES	IGS USED
7		210 ACCIDENT WAS U	CAUSE OF DEATH		DE INJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	B PART I OR PART 2)	
	MEDICAL	21d INJURY OCCU	WHILE ORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC 1	216 LOCATION STREET	CITY OF TO	NAN	COUNTY	STATE
			(I) (this haspita ased alive on (did) (did nat)		ne deceased fram_ / 3 19 d after death.	, ar	DEGREE 19 86	death accurred an the d	26 ate and h		
7		22d. PHYSICIAN'S	Ly Se	reto	xkellan	0	ATTENDING	MEDICAL STA DIRECTOR PHYSIC		- 81	27/87 XOGY CTI
	00 1	44	R. +	tocca		LAME OF C	-	123d LOCATION)	21205	
		BURIAL, CREMATION	N, KEMOVAL	Aug. 2			emetery or crematory ridge Mem. Par	rk Elkridge	e, Ho	oward, Mo	STATE
	74. Ft	HAY-SC	Chard	Mar	chester,	Md.	AU	6 2 7 1987.	fula	Deviden-R	indest:

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, A should be detached for use with the Stark Dept, at Heal

MPORTANT: IF IN

CHAIR OF THE PARTY AND A STATE OF

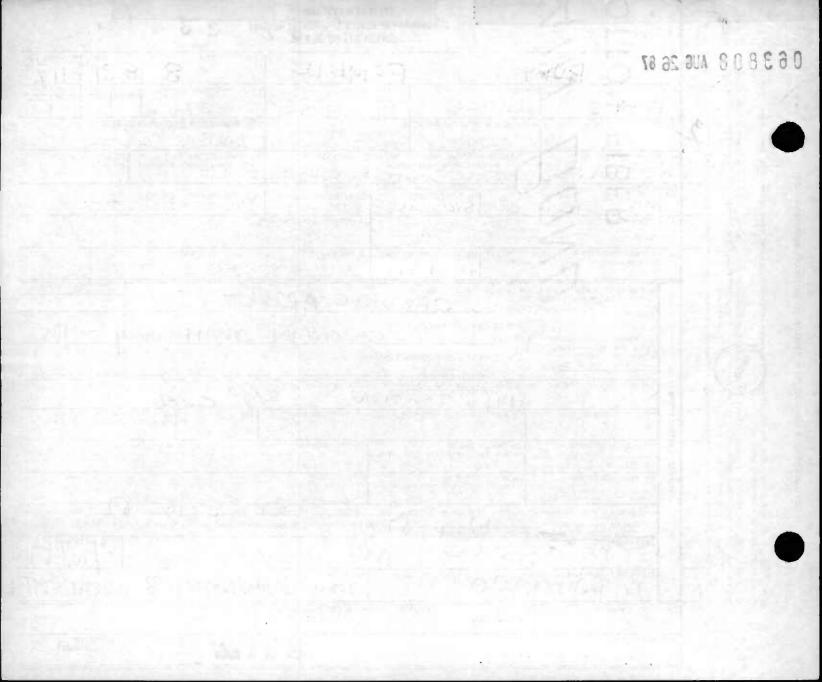
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Aug. 29, 1987 Mendownings Mes. Park alleridge, Bound, MR. (Sanchester, 16. AUG 27 882 21. Kills - R.

DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND

T - STATE REGIST					EALTH AND MENTAL HYG	IENE 2 3 A	1 5
26 87 INT)	PINE PINE	34	MDDLE	FE	NNELL	20. DATE OF DEATH MONTH	18 87 11 A
3. SEX FEM	ALE	4 RACE BLA		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 57 YR	IF UNDER 1 YEAR IF UNDER 24 HR
COUNTRY)	E (STATE OR FOREIGN		VHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUL CARROLL C	NTY OF DEATH
WEST	MINSTER	CARRO	FACILITY, GIVE STREET AD	DRESS)	GEN HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN UNKNOWN	126 KIND OF BUSINESS O INDUSTRY
130. STATE			13c. CITY OR TOWN		13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / ZIP CO 2609 ROBB STR	EET 21218
ROBE	RST RT	WIDDIE	SMI'		15. MOTHER'S MAIDEN NAM GLADYS	MIDDLE	BROWN
(YES, NO OR I	EASED EVER IN U.S. AR INKNOWN) (IF YES, GR	MED FORCES?	214-30-45	9 2 5	17. INFORMANT LEWIS FENNE	LLL 2609 ROBB S	
18 CAU	SE OF DEATH (Enter or I. DEATH WAS CAUSE IMMEDIA)	nly ane cause per D BY: TE CAUSE (a)	line far (o), (b), and (LD1	AE ARRE	2 ST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
gove cause underly PART 2.	ons, if ony, which rise to immediate (a), stating the ing couse lost OTHER SIGNIFICANT ((c)	AS A CONSEQUEN		17	DNSUFFICIAL PROPERTY OF CVA	
RTIFIC	OF OPERATION			PERATIO	N WAS PERFORMED	YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ORCONIT	DENT WAS UNDERLYING	110110 11		VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	
(IF EITHE	RIBUTING CAUSE OF DE	P.A	۸.	19			18 PART I OR PART ?)
(IF EITHE	-	P.A. 21e. PLACE C	۸.	19	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
V (IF EITHE 21d, INJU WHILE AT WORK 22d, I cer sow	R NOTIFY MEDICAL EXAMINED NOT WHILE AT WORK tify that (1) (this hospithe deceased alive on twe, (1) (we) (did) (did and the did)	21e. PLACE C (AT HOME, STRE	A. DE INJURY SET, FACTORY, OFFICE, FAR.	19 M, ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Y (IF EITHE 21d, INJU WHILE AT WORK 22a, I cet sow obo 22b, SIG	R NOTIFY MEDICAL EXAMINED NOT WHILE AT WORK tify that (1) (this hospithe deceased alive on twe, (1) (we) (did) (did and the did)	21e. PLACE C (AT HOME, STRE	A. DE INJURY SET, FACTORY, OFFICE, FAR.	19 M, ETC)	21f. LOCATION STREET , 19 and that in (my) (aur) apinion of	CITY OR TOWN	COUNTY STATE
21d. INJU 21d. INJU WHILE AT WORK 22a.1 cet 50W obo 22b. SIGI	REMATION, REMOVAL	21e. PLACE C (AT HOME, STRE ital) ottended the view the body of	A. DE INJURY DE INJURY DE L'ACTORY, OFFICE, FAR deceosed from 19 23c, NA	ME OF C	21f. LOCATION STREET , 19 d that in (my) (aur) apinion of the company of the com	CITY OR TOWN L. to S - LS death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN D AMOUNT H 13 23d. LOCATION	COUNTY STATE



DHMH - 16 60M 7/84

(VRA 15, 4)

Eline Funeral Home.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)	-1-	FOR STATE GEGISTRAR		DEPART		IEALTH AND MENTAL HYD	SIENE 2	3 41	! 6	
	1. DE((1YPE	CEASED NAME FIRST OR PRINTI	4 RACE	G.	FO 5. DATE O	H DAY YEAR	20. DATE OF DEATH	8-28 BIRTHDAY)	-87	1930 R FUNDER 24 HRS HOURS MIN.
1	7a BII	emale RTHPLACE ISTATE OR FOREIGN COUNTRY) Arvland	White Th CITIZEN OF U.S	WHAT COUNTRY?	8. MARRIE WIDOWE	5- 66 D NEVER MARRIED D DNORCED DNORCED	9 BALTIMORE CITY	OR COUNTY OF	OF DEATH	MD.
)	W	estminster	CARR	OLL CO	ADDRESS)	eral.	120 USUAL OCCUPA ITYPE OF WORK FOR MOS HW f		12b. KIND OF I INDUSTRY	BUSINESS OR
1	13a. S	1	ROLL.	AAMPS		134 INSIDE CITY LIMITS? YES NO		main.	St. AF	+-1 2107
7			MED FORCES?	Wisne Wisne		Mary IT INFORMANT	MIDDLE		Gardnei	
1			E WAR OR DATES)	214-46	-831	Mr. Gras			Cockeys	Md. sville,
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, O	R AS A CONSEQU	ENCE OF		MINAL DISEASE OR CO	20b. IF YES,	WERE FINDING	SUSED
メ		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	PF INJURY M. MONTH D M.	AY YEAR	21¢ HOW INJURY OCCUR	YES NATURE OF IN	YES		NO []
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		RFE1, FACTORY, OFFICE.	FARM ETC)	211 LOCATION STREET	CITY OR	10WN	COUNTY	STATE
7		220.1 certify that (1) (this hospit saw the deceased alive on above. It was I did to a not the SEGNATURE	the body	19	81	nd that in (my) (aur) apinian DEGREE ATTENDING	death occurred on the	date and hour		
	É	Burial, cremation, removal Specify Burial	236. DATE 9-1-		NAME OF C	Cemetery or crematory	23d LOCATION CITY OR TOWN Hamps		Balto	Md.
	74 FL	UNERAL DIRECTOR NAME Tine Funeral	Home	Hampst.	ead.	Md. SEP	D.3 1987	RIZSE REGISTR	LAR'S SIGNATUR	

Hampstead. Md.

Control of the second of the s West Trainster Constant Co. A mark to RALLED TE TO LO VISION DE L'AND LONGINE LA SERVE L'AND and it is the state of the state of the remainder there are the large and dependent Lafaals | Paris and the four Later And the What he harteforest said our not like said which SEP 0 3 1387 TO WELL WATER

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal

h. Poge 4 may be 9 director, poge 9 2 4 director, poge 9 2 director, poge

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	11-9		3	-
REG.	5	64		7

	1 -	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HY	GIENE REG. NO	3 4	7
I At	PDE	ASST AME FIRST	MIDDLE		IAST	20. DATE OF DEATH	AONTH DAY	YEAR 2b. HOUR
1 10	0.5	F) mer	M. CTARLAN	1	Andre		08-16.	-87 0059 M
	3. SE)	(4 RACE		OF BIRTH	6. AGE IN YEARS LAST BIRTH		DER I YEAR IF UNDER 74 HRS
		M	11/	MONT		84	YRS.	DAYS HOURS MIN.
24	7o. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	-	9 BALTIMORE CITY OR		EATH
1()		N.C.	USA	WIDOW	NEVER MARRIED DIVORCED	CARROL	L)	MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			120. USUAL OCCUPATIO		b. KIND OF BUSINESS OR
4/)	M	lact weter	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	1-0 10001	Railroad	WORKING LIFE) IN	IDUSTRY
1	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	JENERAL	- Naiii oud		
36	130. 5	STATE 136. COUN	13c. CITY OR TOW	N	136. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	2.000
4	14.54	THER'S NAME	ROLL LINEDO	120	YES NO #	14/14 Pay	14	21088
*7	14. FA		MIDDLE LAST		FIRST	WIDDIE		LAST
J		Johnthan	Garland		Alzie	ADDRES		
Sip /		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		17 INFORMANT	Boy 14		ero, Md.
1/		NO	704-09-	2213	Zetta Garl	and LOA 14	LINED	
ent, the		PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), and D BY: E CAUSE (a)	dien.	£:1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or other troumotic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE (b) Small (e) DUE TO, OR AS A CONSEQUE (c) Marsh (e)	11 ca	rcinoma r	usion		
٥.		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN	PART IIa
0	o N	old pulm	onary of brosis	, C	planie obs	huchber		
No un	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 C	OR PART 2)
7	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOW		OUNTY STATE
orked	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITTORION		STATE
S THE		220.1 certify that (I) (this hospit	rati attended the deceased from_	3	7/15 19 8	F, to 8/16	. 19	8 +, that (1) (we) last
21 :		saw the deceased alive an above, (1)	Figiew the body after death.	87.	nd that in (my) (out) opinio	n death accurred on the dat	te and have and	from the causes stated
нет 2		22b. SIGNATURE	//		DEGREE			22c. DATE SIGNED
+		11/	5	-	PHYSICIAN	MEDICAL STAFF		8/16/87
Z T		224 PHYSICIAN'S MAME TTYPE O	R PRINT)		22e ADDRESS			
MPORTANT		William K.	irk					
<u>\$</u>	22 6	RUDIAL CREMATION REMOVAL		14115 05		1234 LOCATION		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Aug. 19,1987 Roselawn Cem.

Johnson City Tenr.

Burial

24 FUNERAL DIRECTOR
Eline Funeral Home Hampstead, Md. 21074

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

State Commence of the contract of the contract

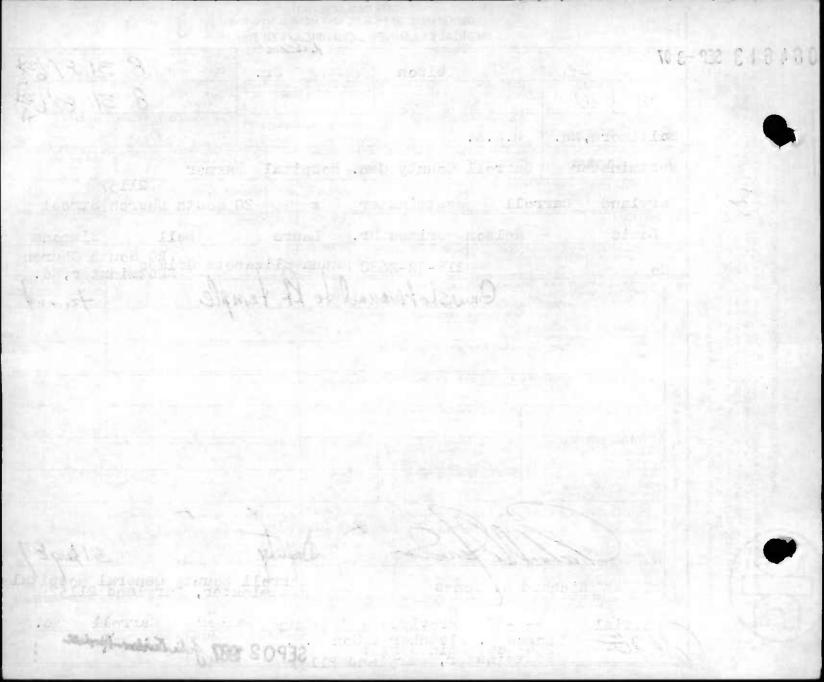
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

										EG, NO.		1
		CEASED NAME	FIRST	^	AIDDLE	ı	AST		20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
7.6	(11116		hn	GENNE G	oldee					8.	-27-87	13054
600	3 SE)			RACE		5 DATE C	DE BIRTH	1925	6. AGE IN YEARS	LAST BRTHDAY)	# UNDER 1 YEAR	IF UNDER 24 HRS
22	3 367				1.0.1	MONTH		YEAR			MONTHS DAYS	HOURS MIN
200	2	male		CAUCAS		Jun	16 24	1987	62			
20 /	7a. BII	RTHPLACE (STATE OR FO	REIGN 7	CITIZEN OF	WHAT COUNTRY?	MADDIE	NEVER M	ARRIED [9 BALTIMORE	CITY OR COU	NTY OF DEATH	
11/6/		ENNJ4LUA	NIA	U.	A.	WIDOWE		ORCED	CAR	POLL		CO - MD
29	_	Y OR TOWN OF DEA			OSPITAL, NURSIN	G HOME C		TUTION	12a USUAL OCC	UPATION		OF BUSINESS OR
13/20	1.	155 MINSTE	10		H FACILITY, GIVE STREET		and it	05%.	(TYPE OF WORK FOR			
50 (8		AL RESIDENCE (IF NURS			ozl Cu. G		ctic /1	331 .	S4STEM.	MARCT	DITATI	COKP
23 266	130. S	TATE	135 COUNT	Α.	13c. CITY OR TOW		134 INSIDE CIT	Y LIMITS?	130. STREET ADD		dL	048
33 4	M	ARYLAND	CARI	ROIL	FINESBO	ire	YES 🗌	NO X	2509	NUBIA	N Count	10
16 01/	TA FA	THER'S NAME					15 MOTHER'S	MAIDEN NA		10016		
30/ JOC		CHORGE	Ã	DAM	GOLDI	Æ		VNA.		CKER	GOZ	DEE
86/1	_	AS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECU		17 INFORMAN				P.O BOX 06.	5 21157
7 920	(A		(IF YES, GIVE V	t make and	199-14-2	550	M25.D	211100	5 M. GOZ	DEZ 1	WESTMINS	
14 1	-	45	Wh	JTL .	11177	,550	14167.0	OLON C-	71.000	360		
200		18 CAUSE OF DEAT	d Enter only	ane cause per	line far (a), (b), and	d (ct)					DETWEEN	ONSET AND DEATH
49 8 3		PART I. DEATH W		CAUSE (a)	CONRO	Ma	seul	W C	eleide	2UL	X	day
ding or or					DAS A CONSSOUR	NCE OF		1 1 1				0
- 898 5		Canditions if any	and tak	DUE TO, O	R AS A CONSEQUE	INCE OF						
400		Canditians, if any, gave rise to imm		(6)							73	
()	100	cause (a), statin	g the last	DUE TO, O	R AS A CONSEQUE	NCE OF						
		onderlying coose	1031	((c)								
(858)	-	PART 2 OTHER SIGN	HEICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	A STATE OF THE PARTY NAMED IN	_	RCONDITION	GIVEN IN PART 1	01
BL 1 5	ő		196	ence	MASCO		d ma	fores	an			
S brid S b	¥	190 DATE OF OPERA	ION	198 COND	TION FOR WHICH	OPERATIO	N WAS PERFOR	WED	200 AUTOPS		FYES, WERE FINDS	
e ha	CERTIFICATION								YES T N	оП " "	YES	NO [
rificat nsit p Hygir n 18	E .	210. ACCIDENT WAS UNE	ERLYING	216. TIME O	FINJURY		2)c HOW INJ	URY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM	A 1B, PART 1 OR PART 2)	
ysic tran tran tem tem		OR CONTRIBUTING	· ·	HOUR A.	M. MONTH DA	AY YEAR						
nis c	Q.	(IF EITHER, NOTIFY MEDIC		P.,		19	21f LOCATIO	NI .				
ding ding ding ked	MEDICAL	21d INJURY OCCURE		21R PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CIT	Y OR TOWN	COUNTY	STATE
Aft Aft the arthur mar	1	AT WORK AT WO	RK L							1		
or a See a See a Head	1	220 I certify that (1)	(this haspite			8		. 19_8_		117		, that (I) (we) last
CT C		saw the decease abave, (I) (we) (c	d alive on_	819		7.6	nd that in (my) (aur) apinian i	death occurred a	n the date and	have and from the	causes stated
hospita DIREC hed for Dept. o		226 SIGNATURE	IIO) (Ora not)	view the body	difer dedin.		DEGREE				22c. DATE	ESIGNED
		-Collists	111.0	MA Alla	gome			TENDING	MEDICAL	STAFF	· 101	0-16-
by the		224. PHYSICIAN'S NA	1		1		1228 ADDRESS		DIRECTOR	PHYSICIAN	8)	21181
FUNE Ald be the S		O LA ISTO	ME (TYPE OR	PRINT)	10 4	2010			.P. r	1	- 5 1	~
TO FUNE should be with the		CH 1102	ACT	LENA	MACIA	4010	7 /00	AP	206 k	4 G	redimi	mente
shour with	23o 8	SURIAL, CREMATION,	REMOVAL	23b. DATE	23c h	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATIO	N	COUNTY	200
BP	1	BURIAL		Aug 3	1.1987 4	mar	RYS CHUS	PIH CO	M SWOYE	RSVILLE	= Luzer	ONE PA
DI'	74 FI	INERAL DIRECTOR		11.007	11 11	1.11.11	13 0441			STRAR 756 RE	GISTRAR'S SIGNA	TURE
DHMH-16 25M	-	DYME + A M	MAK	anist	ST. WEST	wir D.	EMD.Z		01 100	17 12	A HOUSE STATE	should.
(VRA 15, 4) 1/79	_/	rowen L.	700	11 2104	1. WESTP	ישכוקיו	4,100.2	"	~ 1 AC	14		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN MONTH DOS ASED NAME OF ESTI-Lewis Velson DEATH MATED WITHIN 72 HOURS FUNERAL DIRECTOR. 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. SEX 4. RACE IE UNDER 24 HRS 2c. DATE LAST BIRTHDAY MONTHS PRONOUNCED DEAD 70 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore, Md. U.S.A. WYD WIDOWED [DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS arroll County FOR MOST OF WORKING LIFE) OR INDUSTRY Westminster Gen. Hospita] USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 113b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21201 Maryland Carroll Westminster 20 South Church Street YES T NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Lewis Nelson Grimes Sr. Laura Bell Simmons Edna Elizabeth Grimes South Church 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO IYES, NO. OR UNKNOWN! LIE YES GIVE WAR OR DATEST 218-32-2688 18. CAUSE OF DEATH (Enter only one couse pe PART I DEATH WAS CAUSED BY: SED AS A BURIAL-TRANSIT PERFECT
HEALTH AND MENTAL HYGIENE,
CREMATION, OR REMOVAL. IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). MEDIC CERTIFICATION ORWARDED TO THE CHIEF M. R: PAGE 3 SHOULD BE USED A IE STATE DEPARTMENT OF HEAL 7, 21201 PRIGR TO BURIAL, CREM 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? WORD YES [No [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM FIC 1 WHILE AT WORK AT WORK CITY OF TOWN COUNTY STATE Inspection X DIRECTOR: 22a. I certify that Lan WITH THE held on Autopsy and in my opinion Suicide death results from Undetermined monner Homi&de ACTUAL PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER Hospi 11 County General EXAMINER'S NAME Richard Jones Westminster. Maryland 230. BURIAL, CREMATION, REMOVAL TIM DATE 23d. LOCATION 130 NAME OF CEMETERY OR CREMATORY Gamber Md. vidence Cemetery Carroll BP Burial Thomas D. Flast Ma. Westminster BY REGISTRAR 256. REGISTRAR'S STONATURA **DHMH - 17** (VR A15 ME (5)) 15M7/77



DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 3 REG. NO 2 4

		CEASED NAME FIRST		WIDDIE		AST	- 84	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
3.6	griff	LESTE] IS	RAEL	GR	IMM, m	331	08/24	187-87	5-45 DM
	3. SE)	X	4 RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		MALE	CWHIT	E	MOO	1/06/02	YEAR	85 YR	MONTHS DATS	HOURS MIN.
1-00	70. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8			BALTIMORE CITY OR COUN		
5		MARYLAND	U.S.	Α.	MARRIE	IVI	RIED 🔟	CARROLL		MD.
	10. CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NUR		OR OTHER INSTITUT		120 USUAL OCCUPATION	126. KIND (OF BUSINESS OR
0	W	WESTMINSTER /	WNC	inster h		HOME		"MACHINIST" WORKING	G LIFE) INMACH	HINE SHO
5		AL RESIDENCE (IF NURSING HOME OF ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	ROLL	13 TANEY	POWN	100 []		13°2TPFDADPREVANTO	Nº RD.	21787
0	14. FA	WILLIAM H. G	RIMM	LAST		15. MOTHER'S MA MA'R'S	OGLE		LA	ST
1	160 V	VAS DECEASED EVER IN U.S. A	NER OR DATES	168 SOCIAL SE 163-01		MARGARI	ET GRI	MM 2110	TREVANI	ON RD.
		18. CAUSE OF DEATH (Enter	inly one couse pe	r line for o	and ic	1	1		BETWEEN	CIMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0)	Re	2nal	tail	lur	e		
		ELDIN COB		R AS A CONSEC	DUENC OF	1 /	,			ST.
10		Conditions, if any, which	((b)	ur	eter	ralou	05%	ruction		
. 1	100	gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEC	DIIBNICE OF		24.3	1 1 \		LUTTE CONTRACT
		underlying couse lost	(6)	Me	tasi	tatics	Dro	static ca	scino	ma
		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO	HE TERMIN	NAL DISEASE OR CONDITION	GIVEN IN PART 1	10
- 9	ON									
X	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORME	D		YES, WERE FINDI RTIFYING CAUSE YES	
	CER	210. ACCIDENT WAS UNDERLYING	110110 4		DAY WEAR	21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)	-
7		OR CONTRIBUTING CAUSE OF D	EMIN	.M. MONTH	DAY YEAR	-				
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	19-1-	CITY OR TOWN	COUNTY	STATE
	×	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFIC	CE FARM, ETC	STREET		EIII OKTOWN	1 07	STATE
		220 1 certify that (1) this has	oital) attended th	neadeceased from	m	1-14	, 8	1 to 8-27	19	tho (1) we) lost
		sow the deceased vive of	n_ 8-	19	C-7	nd that ((my) (our) opinion de	eath accurred on the date and I	hour and from the	couses stated
		221 SIGN HORE	ot) view the body	offer deoth.		DEGREE		,	7N. DATE	SIGNED
		MILLER	Va	ulu	ex 1		NDING	MEDICAL STAFF	8-	24-87
-	- 3	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	,	/	22+ ADDRESS	, /	. 4 // `	11 0	12
	1 /									A + dl. A m l
/	(James	L. Fo	rsber	6 mi	1218 h	asm	ingion Heigh	415 11	redical
	23a. B	James BURIAL, CREMATION, REMOVA	L 23b. DATE	111	SIME OF C	248 M	Ce	ing ion Heigh	friens	ter, mi
	23a. B		L 23b. DATE	73ber 27/87	BEAVER	DAM CEME	CETERY	NKWINION	BRIÐŒE	FRED LATEMD

064050 AUS 2387 HEREN WILLIAM STEELS Listeral abstraction Estas fate Brotzene Commission VIII CAN Seller T. KIMIN Elamos L. Forskarghus are washington step to the started

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

236 BURIAL CREMATION

24 FUNERAL DIRECTOR

(Entombment

BURIAL

F.H. SYKESUIL

08-26-87

23d LOCATION

CITY OR TOWN

Pikesville

23¢ NAME OF CEMETERY OR CREMATORY

Druid Ridge Mausoleum

Baltimore

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

27¢ DATE SIGNED

STATE

STATE

MD

2b. HOUR

12b. KIND OF BUSINESS OR

Intelligence

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

Freyer

HOURS

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IF UNDER 24 HRS.

A STATE OF THE REAL PROPERTY.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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A	JG -	STATE AR	D		CATE OF DEATH	YGIENE 2	3 4 2	2
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
		EDI			WKINS		8-6-	81 4-42
1	3.5E)	FEMALE	4 RACE WHITE	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BI	MONTHS	DAYS HOURS MIN
	7. 80	ATHPLACE (STATE OR FOREIGN		9	18 11	75	YRS.	ATH
6	1.1	Maryland	U.S.A.	MARRIE	NEVER MARRIED			
5		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,			12a USUAL OCCUPAT		KIND OF BUSINESS OR
	-	YKESVIIIE	SYKESVIII	e Elder	cara	Clerk		alvert Drug (
5	M	Maryland Maryland		DR TOWN CONTROL CON	134 INSIDE CITY LIMITS?	25017 Ap		Terrace 2087
5/	IA FA	ATHER'S NAME	A	IAST	15 MOTHER'S MAIDEN I	NAME		EAST
14		James WAS DECEASED EVER IN U.S		AL SECURITY NO.	Edith 17 INFORMANT	ADDR	ESS	Bertman
2			S GIVE WAR OR DATES!	-30-9487		25017 Apple		r. 20872
			er anly one cause per line far ta SUSED BY DIATE CAUSE (a)	rdine A	rest			APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CO	NSEOUENCE OF	Coronary Atherosele	Artery Dis	eare	year
1	CERTIFICATION	190. DATE OF OPERATION	NT CONDITIONS CONTRIBUTE			200 AUTOPSY? YES NO	20b IF YES, WERE	E FINDINGS USED CAUSES OF DEATH?
1	10-01	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DE DEATH HOUR A.M. MON	ITH DAY YEAR	21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR	PART 2)
8	MEDICAL	21d INJURY OCCURRED NOT WHILE AL WORK	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR T	OWN CO	UNITY STATE
		220.1 certify that (1) this h saw the deceased alive abave, (1) we ((did))(di	e an 1-20 d nat) view the bady after deat	d from 19 17 , or	d that in (my) (our) opini	an death accurred an the o	. 19	, that (1) we) last
		22b. SIGNATURE MKI	n'Ewy	M		MEDICAL STA	AFF _	COATE SIGNED
/		224 PHYSICIAN'S NAME (1	M EVUY		PO Box		YKESVILLI	e MD
		Burial, CREMATION, REMO	23b. DATE 8/10/87		emetery or cremator park Cemete	ry Baltimore		Maryland
	24 FU H	uneral director Iubbard Funera	1 Home, Inc. 4	407 Wilke	ns Ave I.	JG 0 7 4003	R 25b. REGISTRAR'S	SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

AUG O.Y.

61770 AVG -5-87	STATE OF MARYLAND	CIPME (2)	.,9
REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3
DECLASED NAME INPE ORDER 1/17 1/17 1/17	neth Rosetta Hildehrand	20 DATE OF DEATH MONTH DAY	26 HOUR 1125 P
female	White of BIRTH ON JAY 1915	YRS. FUNDE	DAYS HOURS MIN
BUSINESS ISTATE ORF	Pa USA MARRIED WIDOWED DIVORCED D	Carroll	,
ANCHES	OF LIFNOT IN SUCH FACILITY, GIVE STREET ADDRESS) OF STREET ADDRESS) OF STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) IND	KIND OF BUSINESS OF USTRY COMPANY
THE STATE I	136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS?	130 STREET ADDRESS DE CODE S	t 2110
P P P P P P P P P P P P P P P P P P P	MIDDLE HAST FF 15 MOTHER'S MAIDEN N	L MIDOIN Ba	ll
160 WAS DECEASED EVER	N U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANK CY 2/0-12-7958 3460 X 01	KST Mancheste	Md 2111
IB CAUSE OF DEAT PART I. DEATH W	1 (Enter only one cause per line for (a), (b), and (q), a	ing with 5	APPROXIMATE INTERVAL ETWEEN ONSET AND DEA
Conditions, if any,		inal	
gave rise to imm cause (a), statin underlying cause	the DUE TO, OR AS A CONSEQUENCE OF	n	
PART 2 OTHER SIGN	IFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN F	PART Tra
190 DATE OF OPERA	ION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
718. ACCIDENT WAS UNE OR CONTRIBUTING (FETTMER NOTIFY MEDI	AUSE OF DEATH HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2)
21d INJURY OCCURP	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN COL	UNTY STATE
10.1 certify that (1)	(this hospital) attended the deceased from (1959), and that in (my) (our) apinion tall (did not) view the baby after death.	n death accurred the the date and hour and fi	om the causes stated
Th. SIGNATURE	DEGREE ATTENDING	DIRECTOR PHYSICIAN	Pla 1
22d. PHYSICIAN'S NA	THE (TYPE OF PRINT) TO A TOM D 122 ADDRESS 3 23	13 Man St Bo	5 5002
230. BURIAL, CREMATION, (SPECIFY) BURIAL	REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY L AUG. 4, 1987 NEW LUTHERAN	COUNTY COUNTY	CARPOLL
DHMH - 16 60M 7/84	FEXTHAMOT FUNERAL CANDED	ATE REC'D. BY REGISTRAR 256. REGISTRAR'S	SIGNATURE

ipletely filled in by the funeral director, page 3 and 2 shayld be filed within 72 hours after death

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186120	FOR	DEF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE CERTIFICATE OF DEATH

2 3	1	.>	+ 3
4	Series .	Con	-
REG. NO.			

To BIRTHPLACE (STATE OR FOREIGN COUNTRY) TO COUNTRY) Maryland U.S.A. WIDOWED NEVER MAIN MIDOWED DIVO MID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE DEFORE ADMISSION 130. STATE 1130. COUNTY 130. MOTHER'S NAME FAST MODILE LAST 15. MOTHER'S NAME FAST MODILE LAST FAST MODILE LAST MARRIED NEVER MAIN NE	UTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR (USE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWITE 134 STREET ADDRESS / ZIP CODE							
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14. FATHER'S NAME FRST MIDDLE LAST 15. MOTHER'S M. FIRE	○ 🕮 4344 Ridge Road, 21771							
Augustus C. Barnes Ire	MAIDEN NAME							
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT								
No (145. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-74-2990 Ralph								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW								
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21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM ETC.) STREET AT WORK AT WORK	RY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE							
270.1 certify that (1) (this haspital) attended the deceased fram 2 19.87, that (1) (we) lost sow the deceased alive an 2.9.87, and that in (my) (our) apprian death occurred on the date and hour and from the causes stated								
	ur) apinion death occurred on the date and hour and from the causes stated							
saw the deceased alive an above, (1) (we) (did) (did not) view the body after death. 275. SIGNATURE DEGREE ATT PH PH	er) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ENDING MEDICAL STAFF YSICIAN DIRECTOR PHYSICIAN STAFF							
saw the deceased alive an above, (1) (well (did) (did not) view the body after death. 27b. SIGNATURE DEGREE ATT	ENDINGMEDICAL STAFF 220 DATE SIGNED							

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

Amount of Alle

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	125	
LUCEASED NAME	FIRST	MI	DDIE	t	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	Gia	cinta	L.	НО	FMANN	8	21 87	8.71
3. SEX		RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	1.0.0
Female		White		Jul		83 y	MONTHS DAVS	HOURS A
To BIRTHPLACE (S	ATE OR FOREIGN 76		HAT COUNTRY?	8		9 BALTIMORE CITY OR COL	INTY OF DEATH	
COUNTRY		US	A	WIDOWE	D NEVER MARRIED DIO DIVORCED	Carroll	Co	
10. CITY OR TOWN					OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS
Westminst		Carroll		Gener	al Hospital	(TYPE OF WORK FOR MOST OF WORK Housewife	ING LIFE) INDUSTRY	
USUAL RESIDENCE 130. STATE Virginia	13 COUNTY	Υ[1	ive residence before 13c. CITY OR TOW rginia T	VN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP (/	1990
JAT FATHER'S NAME					15 MOTHER'S MAIDEN NA	ME		<u> </u>
Bar	on Alexan	der T.	assotovi	tch	Baroness	a Theresa S	erenelli ^	51
160 WAS DECEASED	EVER IN U.S. ARME	ED FORCES? 1	16h SOCIAL SECU		17 INFORMANT	ADDR/£553	Long Corr	er Rd
(YES, NO OR UNKNO	(IF YES, GIVE W	VAR OR DATES	215-10-6	5081	Robert G B	lackford, Mt.	Adam Md	21777
	DEATH (Enter only				1 TODELO G. D	Lackioi de 110.		MATE INTERVAL
PART 2 OTHE	R SIGNIFICANT CO	161				inal DISEASE OR CONDITION	N GIVEN IN PART 1	0
2								
SHI DATE OF	OPERATION	III CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED		F YES, WERE FINDS ERTIFYING CAUSES YES	
SI® VCCIDENLI	OPERATION WAS UNDERLYING OF CAUSE OF DEATH HY MODICAL EXAMINER!	216. TIME OF	INJURY MONTH D			LA INC	ERTIFYING CAUSES YES	OF DEATH?
OR CONTRIBUTE OR CONTRIBUTE OR CONTRIBUTE OR CONTRIBUTE OR CONTRIBUTE	WAS UNDERLYING	216 TIME OF HOUR A.M. P.M.	INJURY L MONTH D	AY YEAR		YES - NO NO	ERTIFYING CAUSES YES	NO [
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OR CONTRIBUTE (IF ETHER NOT 214 INJURY C WHILL AT WORK 22x I certify sow the obout, (1) 22x SrGNATE	WAS UNDERLYING COMMENTED TO COURSED OF CAUSE OF DEATH OF CHARLES OF DEATH OF CHARLES OF CAUSE AT WORK (well (did) (did not)	21h TIME OF HOUR A.M. P.M. P.ACE OF AT HOME, LITER BY otherwise the body of the view the body of the control of	MONTH D. FINJURY FINJURY T. FACION OFFICE I	AY YEAR 19	216 HOW INJURY OCCUR! 218 LOCATION STREET 19 87 and that in (my) (our) opinion in DEGREE ATTENDING PHYSICIAN	VES NO NO INC	ERTIFYING CAUSES YES A 18 FART I OFFRETH COUNTY 1982 d hour and from the	that (II (ww)
OR CONTRIBUTE OF EDITION TO THE PROPERTY OF TH	WAS UNDERLYING COMMENT IF I MEDICAL EXAMINERS CCURRED AUT WHILE COMMENT AT WORK Therefored after on (was (old) (did not)	21h TIME OF HOUR A.M. P.M. PLACE OF SATHOWS SPEED	MONTH D. FINJURY 11. FACION OFFICE I special from ther death.	AY YEAR 19	211: HOW INJURY OCCURS 211: LOCATION 518121 20 19 21 19 21 10 21 21 21 21 21 21 21 21 21 21 21 21 21	VES NO NO IN C	COUNTY 10 Part 1 OFFART II COUNTY 221. DATE	that (II (ww) coules stated
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"Olin L. Molesworth, P.A., Damascus, Md.

- 16 60M 7/B4

should be detached for use as the burial-transit permit. Then please remave a with the State Dept. at Health and Mental Hygiene priar to burial, cremation,

TO FUNERAL DIRECTOR: After this certificate has been

(VRA 15, 4)

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STATE OF MARYLAND

	FÖR STATE BEGISTRAR			EALTH AND MENTAL HYGICATE OF DEATH	REG. NO	
	CEASED NAME FIRST	Ann	НОТ	TINGER	20. DATE OF DEATH N	13 87 6:50 PM
	emale	White	5. DATE C			MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky	76 CITIZEN OF WHAT C	MARRIEI WIDOWE		CARROLL.	COUNTY OF DEATH
W	esthiuster.	CARROLL.	Co. Gehen	ROTHER INSTITUTION	120 USUAL OCCUPATIO (1YPE OF WORK FOR MOST OF Secretaria	WORKING LIFE) INDUSTRY Nava1
13a. S		NTY 136 CIT	DENCE BEFORE ADMISSION) Y OR TOWN JOURNALL	13d. INSIDE CITY LIMITS? YES NO 🗆	130.STREET ADDRESS /	ZIP CODE HWY 21787
1	James		Charles	15. MOTHER'S MAIDEN NA FIRST Vinie	WIDDLE	Caudle
	NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI		-18-0771	Rita Y. Raym	9200 Tu ond Gaither	rtle Dove Lane
	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE)	D DV	(a), (b), and (c).) SPIRATOR	LY ALRES	ST	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A C			UNG MAS	SS
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATION		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MO	Y ONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 1B PART T ORPART ?)
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU	RY DRY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
	22a. I certify that (1) (this hasp sow the deceased alive or abave, (1) (ye) (did) (did	AUG 13.	19 87 on	d that in (pg) (our) opinion	death occurred on the dat	e and haur and from the causes stated
	276. SIGNATURE	2 Rulo.	~	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
	ARTHUR	0	nO.		nty General	Hospital
(BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	AUG 18,19				fontgomery, Marylar
	UNERAL DIRECTOR NAME All Funeral Hor	4. (/	Annapoli e, MD 207	s Road 250. DAT	REC'D. BY REGISTRAR 25	Sb. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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Kerealty 100 xx Charles 100 Ch interest Interest Interest Co. or or or of the Medical Assessment TATLE INCLUDES HOS I DECK UNAMADED LANGUE ANT Charles Vinia J. 11.15 12 C7-16-0771 Hits Y. Reptond Ciliber byre, No 20079 AND PROPERTY AND THE STATE OF T Address County County County General Registed AUT 18, 1987 The large of Boots of Boots of Managery, Marghand

Seell James Hoge Chert, MD 20015-3043

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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061 AUG	STATE STGISTRAR	CERTIFICATE OF DEATH	40.4
1	DECEASED NAME MAN		, 10 1.0
y be age 3 death	MIA	RY DOROTHY HUFFMAN 8 10	0 87 13
fter of	3 SEX	MONTH BAY 2 / YEAR 9 1 H	UNDER I YEAR IF UNDE
and the contract of	FEMALE	WHITE 9 27 MM 73 YRS	1
40 11 77	7a. BIRTHPLACE (STATE OR FOREIGN Tenn	USA MARRIED NEVER MARRIED CHILLOIL	OF DEATH
4	WESTMINSTER	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVESTREET AGGRESS), CHILLOLC (COUNTY (SENDEAL)) HOUSEWITE	126 KIND OF BUSIN INDUSTRY HOME
Se		TOUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE NAME OF PERSON OF	ike 211
1 1000	Joseph Burg		LAST
Pogni C	160 WAS DECEASED EVER IN U.	s. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Manchester Md. 2 Edward Huffman 3420 Hanove	21102 er Pike
physical physical mostli ment, the		ter only ane cause per line for (a), (b), and (c).) AUSED BY: EDIATE CAUSE (a) CARDIAC ARREST	APPROXIMATE INTE BETWEEN ONSET AND HOMIN
	Conditions, if ony, which	te)	DAYS
igned of the control			
on the require, that it in the bear signed it is bear signed if it is bear prior by built, and one are prior in they, on the	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 120. AUTOPSY? 120. IF YES, V	WERE FINDINGS USE ING CAUSES OF DEA
ICLAND The law requires shot of physician. artificials for their signed of the delication of benefit from plants or red Hygiene prior by burning, or the rem 18 shows any injury, or the	PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN OP CONTRIBUTION COLOR	ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? YES NO PYES OF DEATH HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN LITEM 18 PAR	WERE FINDINGS USE ING CAUSES OF DEA
used or here 18 shows requires that it attending physician has been signed by the side band Atends thousing permit Then plants in band Atends Physiese proc 19 build, or he had a them 18 shows any injury, or the naked or here 18 shows any injury, or the	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE	ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYI YES NOT 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR MINER) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEEM 18 PAR MINER) 21e. PLACE OF INJURY ALMONE STREET FACTORY OFFICE FARM FILE) 21f. LOCATION CITY OR TOWN	WERE FINDINGS USE NG CAUSES OF DEA NO [
ATTENDING PHYSICIAN The law requires that it spatial or otherwise physician. CTDS: After this cartificate has been signed if it is do use as the busiot troout permit Then plants of the sith and Merici Hygene proc 19 built. It is of the sith and Merici Hygene proc 19 built, I at a 13 is marked or them 18 shows any injury, or the	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERIVING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED NOT WHILE AT WORK 22a. I certify that (III, this saw the deceased all above, (II) well claid in above, (II) well claid in	ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFY! YES NO PLANT HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR MINIER) 21e. PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN No presented the deceased from the dote and hour countries the body after death.	WERE FINDINGS USE ING CAUSES OF DEA NO [IT I OR PART 2] COUNTY that [] and from the causes st
PHOSETAL OF ATENDING PHYSICIAN. The law requires that it is med by the heapital or attending physician. S FUNEDAL DIRECTOR, After this certificate has been signed by the ould be detached to use in the faultiol brown permit. Then plants in the State Dapt of Health and Memiol Physiesis prior by Burill, but PODITARY. If then 21 is marked or feem 18 shows any murry or other	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED NOT WHILE AL WORK 22a. I certify that (1) (this saw the deceased all	ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYI YES NO PYES 37b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR MINIER) 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21d. LOCATION STREET CITY OR TOWN DEGREE ATTENDING MEDICAL STAFF PHYSICIAN OFFICE PHYSICIAN	WERE FINDINGS USE ING CAUSES OF DEA NO (IT FOR PART 2) COUNTY

requires that the death certif

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending p should be detached for use as the burial-transit permit. Then please remove corbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

DHMH - 16 60M 7/1 (VRA 15, 4)

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rs ofter death. Page 4

Illied in by the funeral director, page 3 but to filed within 72 trans ofter death

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

0	-2		')	3
6.0	J	and .	Gra	0
RE	G. NO.			100.

187 REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	100
I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) MAGDAI	1 11/4(2/6)	NIM	8	2187 0058
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HI
FEMALE	WHITE	MONTH DAY YEAR	76 YRS	
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Md	U.S.A.	WIDOWED DIVORCED [CARRELL	inty
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		120 USUAL OCCUPATION ITYPE OF FORK FOR MOST OF WORKING L	126 KIND OF BUSINESS (
WESTMINSTER	CHRROLL COU		HOMEMAKEL	Hone
13a. STATE 13b CC	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 13c. CITY OR TO		13e.STREET ADDRESS / ZIP COD	621784
1.0	CARROLL SYKESY		5260 BARTHO	LOW ROAD
FATHER'S NAME	MIDDLE HAMBER	IS MOTHER'S MAIDEN N	MIDDLE	DIA & B
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	picck
(YES, NOORUNKNOWN) [IF YES,	GIVE WAR OR DATES)	Beverly S.	mith Sykesu	ille, md.
18 CAUSE OF DEATH (Enter	anly ane cause per line for (a), (b), a	and (ct.)		BETWEEN ONSET AND DEAT
PART I. DEATH WAS CAL	IATE CAUSE (0) CAPDI	AC ARREST		IMMED
7918				
Canditions, if any, which		DAYS		
gave rise to immediate cause (a), stating the				
underlying cause last	DUE TO, OR AS A CONSEOU	DENCE OF		
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GI	VEN IN PART 110
O CORONARY				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED	206 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \(\text{\text{T}} \)
210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN ITEM 18	
OR CONTRIBUTING CAUSE OF		DAY YEAR		
OR CONTRIBUTING CAUSE OF CIFE EITHER NOTIFY MEDICAL EXAM	21e PLACE OF INJURY	211 LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (1) (this ha	spital) attended the deceased fram		8,10 8/21	19.87 , that (I) (we) lo
saw the deceased alive	not) view the body after death.	87, and that in (my) (aur) apinio	on death accurred on the date and ha	ur and from the causes stated
226. SIGNATURE	not) view the body differ death.	DEGREE		22c. DATE SIGNED
2/100	only.	O MO ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8/21/27
- 224 PHYSICIAN'S NAME ITY	E OPPRINT)	22e ADDRESS	Director Prinsient	0/4//0/
Vincent 5	- Fixed 1c.	MD		
230. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATOR	23d LOCATION	COUNTY MATE
DUNIAL	8-24-877	Woodlawn Cometer	7 13A/to.	Ind
24 FUNERAL DIRECTOR	11 -DI PADARESS	11 ALIGOR	A REGISTRAR 25 REGIS	TRAR'S SIGNATURE

STATE OF MARYLAND

		STATE REGISTRAR			DEF	CERTIF	ICATE OF D		J	hal	2 7	
4	D	EASED NAME	FIRST		MIDDLE	ı	AST		REG. NO 20. DATE OF DEATH		DAY YEAR	26 HOUR
	FTYPE	OR PRINT)			4	7				0 1	0 00	یہ در سرا
1		MAR	Te,	(7	ones			8-1	7-01	1555 M
	3. SEX			4 RACE		5. DATE C	DAY	YEAR	S. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DATS	HOURS MIN.
١	1	emale		White	2	8-	- 19-	08	7	YRS.		
5		RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER A	AARRIED T	BALTIMORE CITY O	COUNTY	OF DEATH	
3		rginia	9-04	U	ISA	WIDOWE	. 4	VORCED	CARROLI	Ca	D.	MD.
K)		TY OR TOWN OF DE	ATH			JRSING HOME	OR OTHER INST		120 USUAL OCCUPATION			F BUSINESS OR
)	W	estnins	ter.	CARRO	H FACILITY, GIVE S	Gene	Kal. L	lospital.	(TYPE OF WORK FOR MOST O	WORKING LIF	E) INDUSTRY	
	13a. S	TATE	136 COUN		13c CITY OR		13d. INSIDE C	ITY LIMITS?	3e.STREET ADDRESS		01	284
		nd	CAR	ROLL.	SYKES	ville	YES 🗌	NO 🗌	Bx 387-730	9. Se	cond	AVE
7	14. FA	THER'S NAME		AIDDLE	LASI			MAIDEN NAM				
9		Flovd		NIDDEE	Ol al	ents	Ad	FIRST	WIDDLE		South	nard
ī	Ióa V	AS DECEASED EVER	R IN U.S. ARA	MED FORCES?		SECURITY NO.	17. INFORMA		ADDRE	SS	00000	laiu
	(Y	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	070 7	6 0000	Man =	T7	01-177:	T.	T	3 M3
		n O					Mrs.	Evely	n Shillir	ig. r	lampste	MATE INTERVAL
	2	Canditions, if ony gave rise to im couse (o), stati underlying caus	nmediote ing the e last.	(b) DUE TO, O	r as a cons	EQUENCE OF	NOT RELATED		NAL DISEASE OR CONI	DITION GIV	EN IN PART 1:0	2
	0				H80	radi	ovi p		noung			
1	CERTIFICATION	19a DATE OF OPERA	NOITA	19b. COND	ITION FOR WI	HICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY? YES NO	IN CERTIF	S, WERE FINDIN YING CAUSES S	OF DEATH?
>		21g. ACCIDENT WAS UN	CAUSE OF DEA	110	M. MONTH		21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM TO P	ART I OR PART 2)	
٦	MEDICAL	(IF EITHER, NOTIFY MED 21d. INJURY OCCUP		21e. PLACE	M. OF IN ILIRY	19	211 LOCATIO	N				
	ME	WHILE NOT W	WHILE [REET, FACTORY, OF	FFICE, FARM, ETC }	STREET		CITY OR TO	La.	COUNTY	STATE
		22a.1 certify that (I saw the decea above, (I) (we)	sed alive an.	Q1	191	0 5	and that in (my)	(aur) opinian de	eath accurred an the do	te ond hav		that (I) (we) lost causes stated
		226 SIGNATURE					DEGREE		11-11-11-11	N. Comment	22c DATE	
-		22d. PHYSICIAN'S N	recll	1 mbe	rapar	ng	27e ADDRES	1000	MEDICAL STAF		8	19187
		CHITZ	ACHT	,	AJAN	ANNA	700	A	e Rd we	Mmul	WEST!	3
	23a B	URIAL, CREMATION	, REMOVAL	236 DATE	444	23c. NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		3	7
	İ	Burial		8-22-	.87	Reiste:	rstown	Meth.		town	Balto	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
Eline Funeral Home, Hampstead,

AUG 25 1987 Lia Devider Parles

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BRIDGE CO			
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	THE PARTY	Terlande	

TO HOSPITAL

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DHMH - 16 50M 4/B3

(VRA 15, 4)

FOR STATE TREGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Julia Tindon Randall

	C_VI							KLG. NO.			
		ASED NAME	FIRST		WIDDLE	L	AST	20 DATE OF DEATH MONT	H DAY YEAR	26 HOUR	
	(14bf O	R PRINT)	RVII	LLE F	EUGENE	KEE	FER	August 23	3, 1987	11:54	1 _M
	3. SEX			4 RACE		5. DATE C		6. AGE JIN YEARS LAST BIRTHDAY			15.
		Male		Whi	ite	Marc	ch 24,1927	60	YRS MONTHS DAYS	HOURS MI	Ν.
		THPLACE (STATE OR F		76 CITIZEN OF		44 4 5 5 5 10 10 10 1	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH		
		Maryland				te SWIDOWE	D DNORCED	Carroll	County		MD.
1		OR TOWN OF DEA			CHEACHITY, GIVES	TREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFET INDUSTRY	OF BUSINESS (
7		stminste		1720	Ston	e Roa	d	Vice-Presi	dent Ban	k Ind.	
	130. ST.		13h COUN	VTY	13c CITY OR	TOWN	134. INSIDE CITY LIMITS?				
2		ryland	Carr	coll	Westm	inster	YES NO		e Rd. /	21157	
۸1	14 FATI	HER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAIDEN N	MIDDLE	1/	ST	
1		J.		ter	Keefe.		Ora	G.	Snyd	er	
	160 WA	AS DECEASED EVER		MED FORCES?		SECURITY NO.	17. INFORMANT	_ 1720 ESS	Stone R	d.	
		NO OR UNKNOWN)	_		216-2	2-7904	Irma B. K	eefer/Westmi			57
	1	8 CAUSE OF DEATH	H (Enter or	nly one couse pe	r line for (0), (b	i, and ici.i	A-	- \	BETWEEN	CIMATÉ INTERVAL LONSET AND DE AT	194
				TE CAUSE (o)	(M	row	munlahe	1			
- 1		DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if ony, which gove rise to immediate									
		couse (o), stating the DUETO, OR AS A CONSEQUENCE OF									
-1		underlying couse last (c)									
		PART 2. OTHER SIGN	VIFICANT (CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITIO	N GIVEN IN PART 1	10	
	CERTIFICATION					5.71					
2	ICA	90 DATE OF OPERAT	20	196. COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDS CERTIFYING CAUSES		
X.	E	1/27	8/	Ga	Mes	Ten	elerator	YES 1 4019	YES 🗌	NO 🗌	
3		OR CONTRIBUTING	-	216. TIME O	.M. MONTH	DAY YEAR	ZIE HOW INJURY OCCL	JRRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)		
	CA	(IF EITHER NOTIFY MEDIC	CALEXAMINE	R) P	.M.	19	4-14				
		114 INJURY OCCURE			OF INJURY REET, FACTORY, OF	FICE, FARM ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
	1	WHILE NOT WH	RK L								
	1	220 I certify that (I)		(- 1	nexteceosed fr	C-11	7 19 8	1. 10 Noat		that (I) (we) l	
		sow the decease obove, (1) (we) (c	ed olive on did) (did no	ot) view the body	ofter deoth.			on death occurred on the date of			
	2	11 SIGNATURE	. /	/		/	DEGREE ATTENDING	MEDICAL STAFF		.24,8°	7
_	4	Willer	- 6	1 lice	con	40	PHYSICIAN	DIRECTOR PHYSICIAN	Aug	. 24,0	_
	2	Dr. 1	Will		acon		76 20 Voris	Dd / Morracon	Ma	21204	
								Rd./ Towson	., Ma.	21204	
	23a. BU SP	PECIFY) Buria.	REMOVAL	Aug. 2			Church Cem		Markant 1	MASTATE	
		VERAL DIRECTOR	_	nug. Z							
	24 FUN	kiies Fu	nera	1 Home	136 ADE	BALTI	MORE St	ATE REC'D. BY REGISTRAR 256. F	LEGISTRAR'S SIGNA	TURE	
	3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			/Tane	ytown,	Ma. 21/8/	198/ 4	ulia Davidson	- Randald	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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63122 AUG I	9 87	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 3 4	3
0 1 2 2 100 1	I. DE	EASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
3 75		EVELYA	I Frene	KFDD	08. 1	7 89 13/AM
ather of	3 SE	Famale	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
arth. Page 72 hours		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY			Y OF DEATH
The state of the s		TY OR TOWN OF DEATH EST MINISTER	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE CARLOW COW)	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR
NO 2120	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO	READMISSION)	13. STREET ADDRESS / ZIP COD	FID.ZIK
4 1000		THERE NAME PIRST / EX	ward Skan	15. MOTHER'S MAIDEN N		Cullison
MORE, I		VAS DECEASED EVER IN U.S. ARAYES, NO OF MAKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SEC E WAR OR DATES) 214-01		1 L. Shame	Jr.
T., BALTI infecte b physicia negopera- moval result, the		PART I. DEATH WAS CAUSEI	ally one cause per line for (o), (b), on D BY: (CONG)		alure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON:		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF TO OR AS A CONSEQUENCE OF THE CONSEQUEN	mic Cardionyopi	Rug	3 montes
05, 20 100 pp. 100 pp.	NOI	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GI	VEN IN PART 110
A RECO	TIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
OF VITTO	CAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		IRRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
DIVISION OF PHYSICIA of PHYSICIA of Physicial or the certific or the benedit on the and Mental or them.	MEDIC	21d. INJURY OCCURRED WOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN prior or TOR At for use of thealth		saw the deceased alive as	tal) attended the deceased from		7 , to 8/7 on death occurred on the date and ha	, 19, the (1) (we) lost our ond from the couses stoted
ALOREA HE ALOREA		27h SIGNATURE	()000	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 8/17/39
HOSPITA SAUGHE BY MATTER TO THE BY MATTE		22d PHYSICIAN'S NAME (TYPE O	Goldstein	22e. ADDRES\$218 6	ashington Kgt	herche 21159
2	23a.	BUBAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITYOTOWN FIRESCUES	County 11 pl.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	NAME D. FATCH	le Westmin	star fed. ALIG	ATE REC'D. BY REGISTRA 256. REGIS	TRAR'S SIGNATURE

There D. Files Listante for AUG 18 WAT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 3 4 3 2

201		RHCASTRAR		CERTII	ICAIL OI DEATH		REG. N	Q. ,	17 8		
FO	1. DEC	CEASED NAME FIRST	MIDDLE		AST	20	DATE OF DEATH	MONTH	DAY YEAR	2b. HO	UR
/	(TYPE	OR PRINT) HENR	Y J.	KN	AUSS			C	21-87	00	1/
0	3. SEX		4 RACE	5. DATE (6 A	GE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDE	R 24 HRS
		MALE	W	MONT		AR	7	7 YRS.	MONTHS DAYS	HOURS	MIN.
20	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	11	9 B	ALTIMORE CITY C		OF DEATH		
1		Marvland	USA		D NEVER MARRIE		Carrol	Co			
\equiv		TY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL NURSING HOME			USUAL OCCUPAT		12b KIND C	OF BUSIN	MD IESS OR
1	1000		(IF NOT IN SUCH FACILIT	Y, GIVE STREET ADDRESS)		(TY	ivilian	E WORKING LIF	E) INDUSTRY		
$\overline{}$		Westminster AL RESIDENCE (IF NURSING HOME OF		Co., Gen	119	0	TATTTAU	Emp.	Ft.	Meac	te
26		TATE 13b COUN	NTY13c. C1	TY OR TOWN	138. INSIDE CITY LIM	V .	STREET ADDRESS				
			roll Han	npstead	YES NO	_ 14	616 War	oa th	Dr.	2107	14
17	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAID EIRST	EN NAME	MIDDLE		LAS	51	
2		Henry		(nauss	Mamie	e	D.		Stev	ens	
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SC	DCIAL SECURITY NO.	17. INFORMANT		ADDRI	SS			
1		ves W	W2 215	5-09-5495	Mrs. Vin	rgini	a Knaus	s. Ha	mspte	ad.	Md.
		18 CAUSE OF DEATH (Enter or	nly ane cause per line fa	r (a), (b), and (c)					APPROX BETWEEN	MATE INTE	RVAL D DEATH
		PART 1. DEATH WAS CAUSE	ED BY. TE CAUSE (o)	on dias	arre	ent			Que	Ma	u
		IN INCOME		CONSEQUENCE OF							
		Conditions, if any, which	(CONSEQUENCE OF							
		gave rise to immediate	(b)								
118		couse (a), stating the underlying cause lost.	DUE TO, OR AS A	CONSEQUENCE OF							
		DADI O OTHER CICALISIS AND	(c)	UTING TO DE ATURNS	NOT BELLIED TO THE	IS TERMINIA	DISEASE OF SOL	DITION CIT	(ENLINEDADY A		
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO TH	IE IEKMINAI	L DISEASE OR CON	DITION GIV	EN IN PARI II	0	
	ATIO	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	13	20a AUTOPSY?	20h IF YES	S, WERE FINDI	NGS USE	D
9	CERTIFICATION	THE DATE OF CITERATION	The Control of the	OK WHICH OF EKAME	WASTER ORMED			IN CERTIF	YING CAUSES	OF DEA	TH?
-	ERT	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJU	RY	21c. HOW INJURY C		YES NO		S COPPART 2)	NO [
9		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. M	ONTH DAY YEAR		0000000	(Enter in 1900)	ar ar area area			
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M.	19	211 LOCATION					_	
	MEC			TORY OFFICE, FARM ETC.)	STREET		CITY OR TO	WN	COUNTY		STATE
		AT WORK AT WORK				01	0.13	1 1	E7 ~~~		
		22a.1 certify that (I) (this hosp		0-	19.	80	10	311	/	that (1)	
		saw the deceosed alive an above, (I) (we) (did) (did as	H view the body after d	eoth.	nd that in (my) (aur) a	opinian deat	h accurred on the d	ate and hau			
		226. SIGNATURE			DEGREE		EDICAL STA		22c. DATE	SIGNED	1
		alway	sy well	Loamy	MD ATTEND	IAN DI	SEDICAL STA		3	-1-	.87
1	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	1	22e ADDRESS 70	00-A P	oole Road	Medi	cal Cen	ter	
/		Chitrachedu N	laganna, M.I	D., P.A.	We	stmin	ster, MD	21157			
-		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMA	TORY	73d LOCATION				
	1	Burial	9-3-87	Crest	La.wn		Baltimo:	re	COUNTY	1	Md.
		UNERAL DIRECTOR	1, ,	10-00		250 PATE RE		25# REGIST	BAR'S SIGNA		
/84	F	Elime Funeral	Home Ha	mentard	Md.	JEP	U3 1987	Julia L	avidson-1	fandel	2
			mo, ma	mopueau.	MO		(<u> </u>		-	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 3	6.5	13	3
REG. NO.		17	-
and the second second			

/	1.1.	FOR STATE	D	EPARTMENT OF	HEALTH AND MENTAL HY	HENE O 7	
6 4 2 3 DXAUG	Ri	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	900
	1: 06	CEASED NAME FIRS	MIDDLE		LAST	20. DATE OF DEATH AMON	
9 9 9	-	Myrt	le Marie	Leat	herwood	0	8-25-87 4:30p.
a do	3. SE	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS.
ector rs of		Female	White	0.3	- 15 -07	80	YRS. MONTHS DAYS HOURS MIN.
Pod in dir		IRTHPLACE (STATE OR FOREIGH	76. CITIZEN OF WHAT CO	INTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR C	
the other		Marvland	U.S.A.	WIDOW		Howard Co	unty
Se de la constante de la const		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
s offer .	S	ykesville	1525 Rou			Homemaker	DOMESTIC DOMESTIC
hour hour	USU 13a	AL RESIDENCE (IF NURSING HO	OUNTY 134. CITY	ICE BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI	
24 Sulfd				sville	YES NO X	1525 Rout	
tely 2 sh	_	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	
and		Sewell		kett	Ella	May	Britton
and co		WAS DECEASED EVER IN U.		AL SECURITY NO.	17 INFORMANT	ADDRESS	
ned Pog	1	YES, NO OR UNKNOWN) (IF YI	ES, GIVE WAR OR DATES)		Lillie Mae Z	epp Sykesv	ille, MD 21784
sicion of the board of the boar		18 CAUSE OF DEATH (En	ter only one cause per line for (a)	, (b), and (c).),	1 1 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
thice phy many want			AUSED BY: EDIATE CAUSE (0)	whichen	Arry Thing	2	records
OThe deoth certs		177041	DUE TO, OR AS A CO	NISEQUENICE OF			
deoth		Conditions, if ony, which		INSECUENCE OF	Sick Sirus	Syndiame	year
4 1	1	gave rise to immediate couse (a), stating the	le	NEE OLIENICE OF		V-	
图1: 声音三音		underlying couse los	it.	143EODEINCE OF			
Y. of the state of		PART 2. OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 110
n sig Ther to b	NO O	Conus	tive Heart Fail	0	onary Siters	hu	
bee mit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR				b. IF YES, WERE FINDINGS USED
he foon.	Ĕ					YES NO X	CERTIFYING CAUSES OF DEATH? YES NO NO
ysici	T W	210. ACCIDENT WAS UNDERLYIN		THE DAY WEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
ICIA Physical Physical Physica	1	OR CONTRIBUTING CAUSE (TH DAY YEAR			
NG PHYSICIAN. The low requires the otherating physicion. Ther his certificate has been signed: so the burial-transil permit. Then give than Americal Hygiene prior to buzzal orked or them 18 shows ony injury, or the dor them 18 shows ony injury.	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21F LOCATION	CITY OF FOWN	COUNTY STATE
DING P or otte After the e os the morked	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY	OFFICE, FARM, ETC.)	SINCE!	4	3,41
AF OF SE OF			hospital) attended the deceased		19 86	o to dear	
TTEN pital pital for to of H	1	sow the deceased alive	lid nat) view the body after deat	19_87,0	nd that in my our) opinion	death occurred on the date o	and hour and from the causes stated
NR A has hed hed hed ept.	100	226. SIGNATURE	1/ AAC		DEGREE		224 DATE SIGNED
the the Date of the Date of the Date of Tr. If		106	Mr Smy		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10 8/25/87
ZER DE STORY		22d. PHYSICIAN'S NAME (TYPE OR PRINT)		22e. ADDRESS		
TO HOSPITA retoined by TO FUNERA should be de with the Stotl IMPORTANT		Dr. Mich	ael McEvoy, M.1	D-	College	Avenue Sykes	ville, MD 21784
5 g 5 d x x	23a.	BURIAL, CREMATION, REMO			EMETERY OR CREMATORY	123d LOCATION	V. 2.1.0-1
BP		(SPECIFY) BURIAL	08-29-87		Chapel Cem.	Woodbine	Howard Maryland
		UNERAL DIRECTOR	108-29-07	Inor gar.	250. DAI	E REC'D. BY REGISTRAR 256	Howard Maryland
DHMH - 16 60M 7/B4	Н	AIGHT FUNER	RAL HOME Syke	esville.	MD AIG 2	E REC'D. BY REGISTRAR 256	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

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3	187	FOR STATE REGISTRAR		DEPARTA	CERTIF	EALTH AND MENTAL H	HYGIENE	2 3 REG. N	6. 10.	3 4	
		CEASED NAME FIRST OR PRINT! CARRO		MIDDLE	M	ANN. 50	, 2a. 1	DATE OF DEATH	0 0	6 87	1350 M
	3. SEX		1 RACE		5. DATE C			GE IIN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
5	7a BIF	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	9. B	CARROL	OR COUNTY	OFDEATH	MD.
5	1	TY OR TOWN OF DEATH VESTMINSTER	CARRE	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION EN HOSPITAL	(TYE	USUAL OCCUPAT	OF WORKING LIF		OF BUSINESS OR
5	USUA 13a. S	AL RESIDENCE (IF NURSING HOME COLITATE)		GIVE RESIDENCE BEFORE 13c CITY OR TOW CONTINUE 13c CITY OR TOW	N /	134 INSIDECITY LIMITS YES NO []		STREET ADDRESS	/ ZIP CODE	Date who take	5b.
0	14 FA	THER'S NAME FIRST Conrad	MIDDLE	Mann		15. MOTHER'S MAIDEN FIRST Elsi		MIDDLE		Wilh	ide
	(Y	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	216.07-1		Altha C.	Man		ranbe	er, Md	.21157
		18 CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS IMMEDIA	nly one couse pe ED BY: .TE CAUSE (a)	Parent		RDIOGEN	c Sh	ock		BETWEEN	ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(b)	PR AS A CONSEQUE	NCE OF				NDITION GIV	EN IN PART 1	a
9	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		OG AUTÖPSY?		S, WERE FINDI	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH HOUR A		YEAR	21c. HOW INJURY OCC					
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
		220.1 certify that (i) (this hosp saw the deceased alive a obove (i) (we) (did)(did n	0/6	19 0		nd that in (my) (aur) opin	nian death	to 0/2-6	date and hou	and fram the	
		272. SIGNATURE	Sal	8		DEGREE ATTENDING PHYSICIAN	IG M	EDICAL STA		8/2	6/87
		122d PHYSICIAN'S NAME (TYPE	- Yn (-	·a		We ADDRESS 2/8		er fre	2115	7 /400	ver
	(BURIAL, CREMATION, REMOVA SPECIFY) TIAL	23b. DATE 8-28		nkst	emetery or cremator		3d LOCATION CITY OF TOWN Finks	burg	Carrol	ıı Md.
	E	INTRAL DIRECTOR	Thomas 254 Es	s D. Fle	tche Str	r & Son A	UG. PZ	1084 108 ka	RIZSEREGIS	PAR'S SIGNA	PURELACE

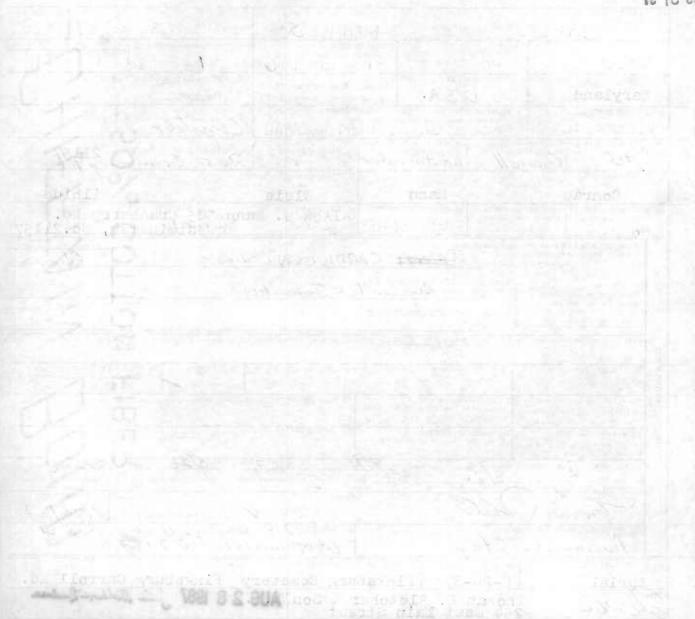
Westminster

Md

21157

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE	OF I	MAR	YLAN	ID

22250 440		STATE REGISTRAR	O DEL ART	CERTIFICATE OF DEATH	REG. NO	
6 2 2 5 8 AUG	11 C	EOPPRINT ALBE	RT LeRoy	MA45	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 80
ge 4 may	3 SE	MALE	4 RACE WHITE	S DATE OF BIRTH MY - 317 - 15	6 AGE JIN YEARS LAST BIRT	HDAY] IF UNDER LYEAR IF UNDER 24 H
leath. Pa	76 B	IRTHPLACE (STATE OR FOREIGN COUNTRY) WARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	COUNTY OF DEATH
S offer o	10.0	WESUITE	11. NAME OF HOSPITAL, NURSI WHOT IN SUCH FACILITY, GIVE STREET SUKE-SUIT	MADDRESSI ELDERCARE	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	DN 12b. KIND OF BUSINESS INDUSTRY BUILD!
124 hour	130.	STATE 136 COUNTY CA			13e STREET ADDRESS /	ZIP CODE 2110 EYS MILL RD
ed within	0	ATHER'S NAME PIRST ALPRED	MIDDLE SYLVESTER N	15 MOTHER'S MAIDEN NA BLANCE	AME MIDDLE !	LAST
Found of Found of		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIT Wh	RMED FORCES? 166 SOCIAL SECTION 185-01-	2893 GLADYS M.	MAYS HA	BOLLINGE TO SOUTH CARROL AMPSTEAD, MD
that the deoth certification the difference contraction of the difference contraction of the difference of the footback of the	1011	PART I. DEATH WAS CAUSE	ally ane cause per line far (a), (b), at ED BY: TE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	UREMIA PREPAROSCIER	2120	APPROXIMATE INTERVAL BETWEEN OMSET AND DE
Then of the bearing	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	winal disease or cone	DITION GIVEN IN PART 1 a
An be los	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sigma \) NO \(\sigma \)
KIAN I		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJUR	Y IN ITEM IB PART OR PART 2)
ortendio ortendio ter thus ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	PARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STAT
ATTENDS spirits or CTOR. Al for use of their		saw the deceased alive an	ital) attended the deceased fram.	Neverabes 14, 19 36	death accurred an the do	te and haur and fram the causes stated
AL OF the Day of the Day of Depth of Tr. If The Tr.		THE SIGNATURE	Oral la	DEGREE M.D. ATTENDING PHYSICIAN	MEDICAL STAF	221 DATE SIGNED
SPIT OF SPIT		THE PHYSICIAN'S NAME THE	of Head)	22- ADDRESS		7 WES V 1316 WAS

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detact IMPORTANT: IF I

230 BURIAL, CREMATION, REMOVAL

23L NAME OF CEMETERY OR CREMATORY

TER CARROLL ST.
REGISTRARSSIONATURE
Julia Dandon Ka

But described bearing the

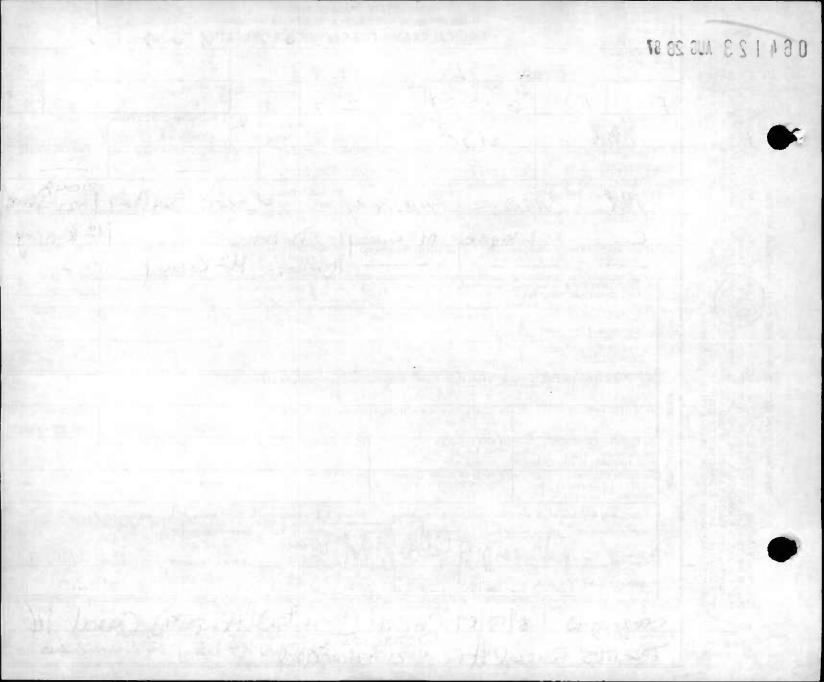
AND TO THE ALL PARTY OF MILE

250. DATE REC'D. BY REGISTRAR

25M

DHMH - 17 (VR A15 ME (5)) 24 FUNERAL DIRECTOR

STATE OF MARYLAND



STATE OF MARYLAND FOR - STATE REGISTRAR

Ölin L. Molesworth, P.A., Damascus, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

_	REGISTRAR					REG.		1	
(TY	PECEASED NAME FIRST PEORPRINT) Mildred	M.	И	ulling	INIX	20. DATE OF DEATH	A .	31 87	75 AM
3. S	Female	Caucasian	5. DATE C		1904	6. AGE (IN YEARS LAST	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	7b. CITIZEN OF WHAT COUNTRY?	MARRIE		ORCED [Carroll	Coun		MD.
1	Sykesville /		APDRESS)	Home		120. USUAL OCCUPA (TYPE OF WORK FOR MOS BOOKKE		IFE) INDUSTRY	sales
130.	Varyland How	other institution, give residence before NTY 136. CITY OR TOW	/N	13d. INSIDE C	NO 🕅		aisy	Rd. 27	1797
15.7	FATHER'S NAME FIRST George	Martin		Una		WIDDLE		Stier	
16a.	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECU (E WAR OR DATES) 213-34-	3868	17 INFORMA Nance	IS. Grea	asley, RN,C		den Age esville,	
	PART I. DEATH WAS CAUSE	oly one cause per line for (a), (b), and D BY:	11. 4	Card	www	Ber Desson	40	BETWEEN C	MATE INTERVAL ONSET AND DEATH
NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c) USEN CONDITIONS CONTRIBUTING TO I	ENCE OF	NOT RELATED	y floud	Losy Nal disease or co	NDITION GI	VEN IN PART 110	0 5
CERTIFICATI	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFO	RMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN IFYING CAUSES ES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	A.M. MONTH DAY YEAR			ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2]	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATIO	N	CITY OR	TOWN	COUNTY	STATE
	22a. I certify that (1) (this haspi saw the deceased alive an	tal) attended the deceased from	17 , on	nd that in (my)	, 19 d/ (aur) apinian d	eath accurred on the	date and ha		that (I) (we) last causes stated
	Lature 1	Tunes, us				MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	8/31	SIGNED 1
	Dr. Patrick 7	Furnes		1425 L	iberty f	V. Suito 2	109 El	dersburg	1, Md. 2178
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N Sept. 4, 1987		Carmel	CREMATORY	23d LOCATION CITY OF TOWN Sunshin	e, Mor	county	STATE Md
24. 1	FUNERAL DIRECTOR	ADDRESS		262	250 DATE	REC'D-BY REGISTRA	R 256 REGIST	TRAP'S SIGNAT	LARE

SEP 8-

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

Alfred Assistant

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Tarle)

ited within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certiliretained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending is should be detached for use as the burial-transit permit. Then please remove corbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DED A DEMENT OF HEALTH AND MENT APPLY CHENC

C 1 .	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
	CELLO NAME	FIRST		WIDDLE	(.	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
		Paul	V	V.	Mull	inix	Aug	. 8,	1987	1:30.
3 SE	EX		RACE		5. DATE O		6 AGE (IN YEARS LAST	SIRTHDAY)	IF UNDER TYEA	
	Male		Cauc.		MONTH 11	27 03	83	YRS	MONTHS DAY	HOURS MIN
	SIRTHPLACE (STATE	OR FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	7.11.00		
MD			USA		WIDOWE		Carroll	Co.		
W	Vestmins	ter	522 E	OSPITAL, NURSIN HEACHLITY, GIVE STREET SAW MIT	IG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPA		LIFE) INDUSTR	of Business of
	JAL RESIDENCE (IF)	136 COUNT Carr	TY _	GIVE RESIDENCE BEFORE 130. CITY OR TOWN Westmin	N I	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 522 E. S	aw M	ill Rd	. 2115
14 F	ATHER'S NAME		NDDLE	LAST		15 MOTHER'S MAIDEN N			11.	
	George		I .	Mullini	LX	Sadie	E		Hen	ry
	WAS DECEASED EN	ER IN U.S. ARM	AED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADD	RESS	100	
'	YES, NO OR UNKNOWN	na.	WAR OR DATES	219-36-	-1900	George	W. Mullin	ix	13 e	
	In CAUSE OF DE	AVH.F.		line for (a), (b), one		3				XIMATE INTERVAL
		ating the	DUE TO O	AS A CONSEQUE	NCE OF					-
CATION	underlying co	IGNIFICANT CO	onditions co	RECEN	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CO	20b IF Y	'ES, WERE FIND	INGS USED
TIFICATION	PART 2 OTHER S	IGNIFICANT CO	onditions co	ASBIT ONTRIBUTING TO C	DEATH BUT	14		20b IF Y	- 1	INGS USED
ICAL CERTIFICATION	PART 2 OTHER S 19a. DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER NOTIFY A)	RATION UNDERLYING CAUSE OF DEAT MEDICAL EXAMINER)	DIDITIONS CO PARTIES CONDI 196 CONDI 196 CONDI 196 CONDI 196 CONDI 196 CONDI	A S PICE ON TRIBUTING TO DE PRECENTION FOR WHICH FINJURY M. MONTH DAM.	DEATH BUT	N WAS PERFORMED	200 AUTOPSY? YES NO	20b IF Y	'ES, WERE FIND TIFYING CAUSE YES []	INGS USED
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 163605 AUG 25 8 EGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DECEASED NAME Mullevik 20. DATE KNOWN HINOM TYPE OR PRINT ESTI-D RECTOR. OUR FILES. THOURS VINCENT DEATH MATED MULLINIX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SEX 4 RACE DATE OF BIRTH 2c. DATE LAST BIRTHDAY) MONTHS YOUR PRONOUNCED 10 01-17-1913 7 2L YRS BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland TISA WIDOWED W DIVORCED [QARROLL 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY BENERAL HOSE Electrician JUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
36. STATE
136. COUNTY HOWARD
137. CITY OR TOWN 130. STREET ADDRESS LONG CORNER MT AIRY 3g. STATE 13d. INSIDE CITY LIMITS? mo NO BE MEATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Mullinix Elsie Moxley Samue] Edward 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO **ADDRESS** LIE YES GIVE WAR OR DATES! Item 13 217-12-2826 David V. Mullinix 18 CAUSE OF DEATH (Enter only one cause per live of (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which MEDICAL EXAMINER O AS A BURIAL-TRANS EALTH AND MENTAL TEMATION, OR REMOV gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) OF HEA 186 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSYT WORD SHOULD BE US VES . NO [71s EXTERNAL CAUSE WAS TIE TIME OF INJURY THE HOW INJURY OCCURRED LENTER NATURE OF HUBBY IN THEM IS PART I OR PART IN HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOME WARDED PAGE 3 SH TATE DEP JI4 INJURY OCCURRED TH. LOCATION STATE DE STREET, FACTORY, FARM, 671 CITY OF TOWN COUNTY STATE AT WORK AT WORK TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BAQFFWQRE, MARYLAND, 21: Inspection X 72s. I certify that Mook charge of th ove held on Autopsy and in my apinion death resulted from Undetermined manner **ACTUAL** stminster, Md. Jones, M.D. EXAMINER'S NAME Richard TYPE OR PRINT) 254 LOCATION 13s BURIAL CREMATION REMOVAL 1236 DATE 23r. NAME OF CEMETERY OR CREMATORY Burial Aug. 22,1987 Howard Chapel Long Corner, Howard, Md. BP 24 FUNERAL DIRECTOR 254. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATUR **DHMH-17** Lie Durdorn Roadsall Olin L. Molesworth, P.A., Damascus, Md.

(VR A15 ME (5))

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Used to the funeral director, page 3 and the first hours after death death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the enterty should be detached for use as the burial-transit permit. Then please remarks with the State Dept, of Health and Mental Hygiene prior to burial elementary. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires retained by the hospital or attending physicion.

BP.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.	
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH		26 HOUR
(ITPE	GRACE	AGNES	MYERS	augus	x 12,1987	0540
3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
	temale	White	MONTH DAY YEAR	76	YRS DAYS	HOURS MI
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED C	9 BALTIMORE CITY C	R COUNTY OF DEATH	
1	MARYLAND	US-A	WIDOWED - PONCHLED	CAR		
	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPAT		OF BUSINESS (
	JESTMINSTER	CARROLL CTY	. GENERAL HOS	PRESSER	DR4	CLEANI
13a. S	STATE 13b. COUN		WN 13d INSIDE CITY LIMITS?	130.STREET ADDRESS	ZIP CODE AIN STREET	2115
14. FA	ATHER'S NAME FIRST ALAREA	MIDDLE LAST	15. MOTHER'S MAIDEN N	NAME WIS. HULL	U	AST
		MED FORCES? 166. SOCIAL SEC		ADDRE	Pari CICER	, AL 00
(YES, NO OR UNKNOWN) (IF YES, GIV	N. A 219.20	-1265 HARRY BAS	William work in	ESIMINIER	m1) 2115
		nly ane cause per line far (a), (b), as	ndici	THE PARTY OF THE P	APPRO	XIMATE INTERVAL
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E	21a, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU		140
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	DAY YEAR	TENTER INFORMATION	The state of the s	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e. PLACE OF INJURY	211 LOCATION			
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	220.1 certify that (I) (this hospi	tol) attended the deceased fram.		7 to augus	× 12-19 87	, that (1) (we) h
	sow the deceased alive an	view the bady after death.	8.7. and that in (my) (aur) apinio	on death occurred on the de	ate and have ond from the	e causes stated
	22b. SIGNATURE	Ty view the body differ degiti.	DEGREE		22c. DAT	ESIGNED
	Johns.	Hersberg, m. D	ATTENDING PHYSICIAN	MEDICAL STA		12/87
	22d. PHYSICIAN'S NAME (TYPE C		22e ADDRESS	- / -		
	JOHN S.	HARSHEY MO	8 Auch	At. West	minoten med	. 24157
230 E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATOR			
1	REMATION	1 0 /	ARROLL GAEMATORY	HAMPSTE	COUNTY (ARPA)	STATE D
24 FI	UNEXAUDIRECTOR	7 7 70/10/10			256. BEGISTKARS SIGNA	
1/2	Attest A. M	sen gimetis		JG Z U 1987	ZZII. III O SIOINA	HUKE

MENHALIAN AND A 100 SHOWN AND A CONTRACTOR AND ASSESSMENT OF THE PARTY
STATE OF MARYLAND

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270 Certify that (1) this hospital) attended the deceased is sow the deceased alive an	VHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
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Opone (II (we) (did) (did not) view the pody after death. 1 A Solution of the	from 19 87 . ond that in (my) (our) apinion death occurred on the date and hour and from the causes stated
BP Burial CREMATION, REMOVAL 23b. DATE 9-2-1987	DEGRES ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8/39/87 220 ADDRESS

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21	REGISTRAR				CERTIFICAT	L OI DEATH	1	REG. NO				
	CENSED NAME E OR PRINT)	FIRST		MIDDLE	LAST			DEATH M			7 1	26 HOUR
		James		R.	Noel,	Sr.		Aug.	10,	198		
3 SEX	x Male	1-1-7	4 RACE Cauc		5. DATE OF BIRT	H O 1 1 YEAR	6 AGE INY		IDAY)	MONTHS I		HOURS MI
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14. FA	ATHER'S NAME		whois		15 MC	OTHER'S MAIDEN NA					411	
	Martin	_	Valter	Noel		Ma rv	F.	lizab	eth		Chast	nadi
	WAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	ITY NO. 17 th	ECDINALIZ.		ADDRES	S			
()	YES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	215-20-	8050 00	rv Noel.	stmins	ter,	Md.	211 Wind	57	na
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FOR

STATE O	F MARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2	3	4	4	3
	REG. NO.	-11		- 81

Т	Z	REGISTRAR		CERTIN	TEATE OF DEATH	REG. N	0.	1	
		CEASED NAME FIRST	WIDDLE	A	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
	(1111)	ELSIA	Euth	IV	DRRIS		2.2	9-8-1	540 M
1	3. SEX	(RACE	5. DATE C		6. AGE (IN YEARS LAST BIR			INDER 24 HRS
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1		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8	1	BALTIMORE CITY C		FDEATH	
2	M	Maryland	USA	WIDOWE	D DIVORCED	CARR	OLL	County	MD.
	10 Cl	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSIN			TYPE OF WORK FOR MOST	F WORKING LIFE)	126 KIND OF BU	ISINESS OR
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7	14. FA	Albert	noie last Mei	n1	Mildred	E MIDDLE		Harri	S
		VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECU	JRITY NO.	17. INFORMANT Mr. W	illiam B.DDR	Morris		
		no	217-30-	0131	2302 Sandel L	ane Westm	inster,		21157
1/2		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E	ane cause per line far (a), (b), an	nd ICI.1	110 5	0'00		APPROXIMATE BETWEEN ONSE	TAND DEATH
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1	ĸ.	Conditions, if any, which	(b) Kley	war	of Hram	an fe	une		
4	Е	gave rise to immediate cause (o), stating the	DUE TO, OR AS A CONSEOU	ENCE OF					
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1	7	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 110	
	CERTIFICATION								
4	ICA	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDINGS NG CAUSES OF I	
4	RT			1000		YES NO	YES [0 🗆
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	116. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
41	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
Н	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	SARA ETC I	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	2	AT WORK NOT WHILE		, , , , , , , , , , , , , , , , , , , ,					
		220 I certify that (I) (this hospital) attended the deceased from		. 19	_, to	. 19.	that	(I) (we) last
	1	sow the deceosed alive on above, (I) (we) (did) (did not) y	view the body ofter death	. 01	nd that in (my) (our) opinion de	eoth occurred on the d	ote and hour a	nd from the cous	es stated
1		226. SUGNATURE	A A		DEGREE			22c DATE SIGI	VED
1		Colingell	John Mag	FAIT	ATTENDING PHYSICIAN	MEDICAL STA		18/2	9
1		22d. PHYSICIAN'S NAME (TYPE OR PI	RINT)	,	22e ADDRESS	1 - 0 1	A . O. T	100 10010	10
1	4	CHITRACH	FDUNKEA	NNA	700 A 10	iole Red	men	Sill	150
		SPECIFY)			EMETERY OR CREMATORY	23d LOCATION		OUNTY	STAIF
1		Burial			iew Mem. Park	Sykesvil		rroll	MĎ.
		INERAL DIRECTOR Loring I				REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATURE	
	872	28 Liberty Road	Randallstown,	MD.	21133 SEP	1 1987	Mulia K	id - 9	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

STATE OF MARYLAND

062	679 AUG	418	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	IENE 2 3	a 4 .	
	10		CEASED NAME FIR	RST A	VIODIE	L	AST	20 DATE OF DEATH	MONTH OAY	YEAR 26 HOUR
	9 2	1111	Wil	lliam	A .	Ott	50		8 11 8	7 1828 M
	ma)	3. SE	(4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	
	ge 4 rs af		Male	White	е	Jair	1.5,01910EAR	77	YRS.	DAYS HOURS MIN.
	Po Pour		RTHPLACE (STATE OF FOREK	GN 76 CITIZEN OF	WHAT COUNTRY?	B.	NEVER MARRIED	9 BALTIMORE CITY O		ATH
	de oth		aryland	US	A	WIDOWE		Carr	oll Co.	MD.
	re te te	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATE	ON 126 INDI	KIND OF BUSINESS OR USTRY
102	filed to	W	estminster			en.Ho	sp,	electric	cian B	B.G & E.
213	hou hou	13a. S	TATE 13b	OUNTY	13c CITY OR TOW	'N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ / IP ((() () F	ld.21218
ANG	2 10 E		aryland		Balti	more	YES NO []	2821 Ala	ameda Bl	.vd.Balto.
ARYLAND 2120	A 22	14 FA	THER'S NAME	WIDDLE	LAST,		15 MOTHER'S MAIDEN NA			LAST
W	dub dub	/	Julius		Ött		ROS			helps
ORE	ind c		(AS DECEASED EVER IN L ES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES!	166 SOCIAL SECU		17 INFORMANT	ADDRE	4.4	ld.21230
TIM	san o	4	NO		212-05	-4445	Margaret 1	R. UTTO, 600		
BAL	cote oper oper	4	18 CAUSE OF DEATH (E) PART I. DEATH WAS	nter only one couse per	line for (a), (b), an	d (c).)	,		36	APPROXIMATE INTERVAL
ST.,	g ph son p remo			MEDIATE CAUSE (0)	andin H	izelan	men			20 mm.
NO O	ndin carb , ar			DUE TO, OR	AS A CONSEQUE	ENCE OF	1			
PRESTON	dec atte nove otior		Conditions, if any, who		Heimi		Helekine, 1	moutil with	Ilm	11 days
× .	by the ose rem		couse (a), stoting underlying couse lo	the DUE TO, OR	AS A CONSEQUE		enter &	infulso 25 m	wic bether	11 des
5, 201	gned en pled burio iry, or	~	PART 2 OTHER SIGNIFIC	10/	NTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN P	ART Ita
RECORDS	requent single or to	CERTIFICATION		2		- ,				
REC	law ermine e pri	FICA	190 DATE OF OPERATION	Jh. CONDI	11 -		WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE IN CERTIFYING O	AUSES OF DEATH?
AL	The rician sit p	RTII	21g. ACCIDENT WAS UNDERLY		0	m _	Tal- HOW IN HURY OF SHIPE	YES NO	YES 🔽	№ □
F VIT	phys tifica Il-tror fal Hy m 18		OR CONTRIBUTING CAUSE			AY YEAR	21c. HOW INJURY OCCURE	KED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART TORP	ART 2)
N	HYSIC ading learning certification of the certifica	MEDICAL	(IF EITHER NOTIFY MEDICALE)	ZAMINER) P.A		19	211, LOCATION			
DIVISION OF	attend ter this is the b	MEI	WHILE NOT WHILE AT WORK	1471045 670	EET, FACTORY OFFICE, F	ARM, ETC)	STREET	CITY OR TO	wn cou	UNIY STATE
۵	NDIN Lor Use ouse of the old		22a. I certify that (I) (this	hospital) attended the	deceased Irom_	300	19_0	10	. 19	, that i) (we) lost
	Porto Porto Porto Of H		sow the deceased of above, (I) (we) (did) (did not) view the body	ofter death.	, on	d that in (my) (our) opinion i	death occurred on the do	ate and hour and Ire	om the couses stated
	DR A hos liked lept.		226. SIGNATURE	0. 0			DEGREE		220	DATE SIGNED
	Al Call Call Call Call Call Call Call Ca		Cland	Way A			ATTENDING PHYSICIAN	MEDICAL STAF		2 Aust
	SPITA d by NERA be de e Stot		224 PHYSICIAN'S NAME				77e ADDRESS	1 1 20 1	1-164	
	O HOSPITAL TO FUNERAL should be de with the Stote		Donne	D. Cok	e e		222 Wishy	an Dayle Mu	al who	ma 21157
	5 £ 5 ₹ ¥ ₹	23a B	URIAL, CREMATION, REM				EMETERY OR CREMATORY	23d. LOCATION	200	
	BP	-	Burial	1 8/15/	1987 W	ester	on Cemetery	Barto	.Marylar	1d STATE
	DHMH - 16 60M 7/84		NERAL DIRECTOR	Balto.	Md . 2.1.2.3	0	250 PAI	E REC'D. BY REGISTRAR	256. REGISTRAR'S S	IGNATURE
	(VRA 15, 4)	Ī/	ecully Fun	neral Hom	Md, 2123 e, 130 E	.For	t Ave. AUG	10 1007	basideen	-fandell

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE ERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE KNOWN OF ESTI-LaliTaben M. DEATH MATED Pate1 1987 Haindu DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR DAY 2d HOUR IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED 7:04A Female Ind. 1916 7100 DEAD 8 1987 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED India India WIDOWED XX Carroll County DIVORCED [CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Westminster Carroll County General Hospital Md. Mont. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS CITY OR TOWN Potomac 9644 Reach Road YESX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Chhotabhai Pate1 Diwaliben Pate1 17 INFORMANT 16h SOCIAL SECURITY NO 578-98-2700 Vinod Patel no same as 13e 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hemoperitoneum IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which Ruptured liver gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [EXECUTE THE CERTIFICATE, WRITING THE WORSE A SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BAREMORE, MARYLAND, 21201 PRIOR TO ILL 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 5:38xx 8 19 87 Passenger in auto/auto impact 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC. CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK road Rt. 26 Carroll, MD 220 I certify that I took charge of the remains described above, held on Inspection and in my opinion deoth resulted from: Natural causes Undetermined monner TITLE (SPECIFY) ACTUAL Deputy ChiefMEDICAL EXAMINER 8/8/87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation Balto.Wash.Crematory Laurel P.GOUNT Md.

8/9/87

24 FUNERAL DIRECTOR 7601 Sandy Spring Road 250. DATE REC'D. FIECK Funeral Home, Inc. Laurel, Md. 2070 AUG

07/84

DHMH - 17 (VR A15 ME (5))

789 A. J. BUJS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 3 - 4 6 REG. NO.

_						REG. INC	J	
		CEASED NAME FIRST	MIDDLE	LA	ST	20 DATE OF DEATH	MONTH DAY YEAR 26 HO	UR
	(iire	FVEL	O MY	X	hilling	5	3 19 81 8	30
	3. SEX	- L VI	1. RACE	5. DATE O	RIPTH	6 AGE (IN YEARS LAST BIRT	THDAY! IF UNDER LYEAR IF UNDER	FR 20 HRS
	3. 307		14/	MONTH	DAY YEAR	F-1 1	MONTHS DAYS HOURS	an age times
	1		VV	9	28 15	- //	YRS.	
1		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	OUNTRY? B	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	31-14
2		arvland	USA	WIDOWEL		1000	0//	***
2		TY OR TOWN OF DEATH	0 10 11	AL, NURSING HOME OF		12a USUAL OCCUPATE	ON 126, KIND OF BUSIN	MD.
	1./	a I wat	HE NOT IN SUCH FACILITY		c. 100 al // a a	(TYPE OF WORK FOR MOST O		LESS OK
9	W	ESTMINSTE	IN CARROLL	COUNTUG	ENERAL KOSP	Hwf		
1	USUA 13a S	AL RESIDENCE (IF NURSING HOM		DENCE BEFORE ADMISSION	101 11 15 15 5 5 17 1 1 1 1 1 1 1 1		T	
10	1		ltimore ///	OC OO A	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	20001/1/-11	IIC
4	1A 5 A	THER'S NAME	TOTHOTO DE	PERCO	15. MOTHER'S MAIDEN NAM	JUTIO DE	KRAPIIOUI &/	122
2)	TA	FIRST	MIDDLE	LAST	FIRST	WIDDLE	LAST	
A.	/	Oliver	C. Gra	mmer	Alice	E.	Gephardt	
B		VAS DECEASED EVER IN U.S	. ARMED FORCES? 166 SC		17. INFORMANT	ADDRE		
L	(Y		S. GIVE WAR OR DATES)	5-28-7376	Mna Dohon	ah Muaak	Sylvagrilla	LM.
	-	no			Mrs. Debor	an Mueck,		Md.
П		18 CAUSE OF DEATH (Enter PART), DEATH WAS CA	er only ane cause per line far	(a), (b), and (c).	1 1 11	200	APPROXIMATE INTE	DDEATH
			DIATE CAUSE (a)	CARDIT	TC 1+14	2551		
	97		DUE TO OD AS A	CONSTOURNCE OF		- 0	1	
		Conditions if any other		CONSEQUENCE OF	Emic CAF	2 DIDPAT	Hy Lew To	85.
		Conditions, if any, which gove rise to immediate		1-3411	10110		/ (
- 1		cause (a), stating the	DUCTO, OKASA	CONSEQUENCE OF			7	
.		underlying couse lost	(c)					
		PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN PART IIa	
	N O	CUPANIC. S	29N/A1	- LA	LURE			
	CATION	190 DATE OF OPERATION	19h CONDITION F	OR WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USE	ED.
1	FIC		112 CONTON		THE TENTONINED	100 MO10101	IN CERTIFYING CAUSES OF DEA	
	CERTIF			Salin Mills		YES NO	YES NO [
	Ü	21a. ACCIDENT WAS UNDERLYING	LICHE A M. M.	RY ONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PART 2)	
1	AL	OR CONTRIBUTING CAUSE O	DEATH	19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJU		211 LOCATION			
	ME		LAT HOME STREET FACT	ORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
н		AT WORK AT WORK			50	C.10	v. C5	
		22a I certify that (I) (this h	aspital) attended the decea	sed from	13 190/	_, to	, 19 O , that (1)	(we) last
		saw the deceased alive	e on do not) view the body diter de	19), and	I that in (my) (our) opinion d	leath accurred an the do	ate and hour and fram the causes st	tated
		77b. SIGNATURE	a not) view the body differ de		EGREE		224 DATE SIGNER	-
		(MX	10 Day	2 11	. \	MEDICAL STAF	5	0
-	100	10	1 20,0	, 10	PHYSICIAN A	DIRECTOR PHYSIC	IAN D	7
		22d PHYSICIAN'S NAME (T	YPE OR PRINT)		22e ADDRESS	1 01	Mb 1 h times	inclo.
		10'	14A3 PH (1+	224 Nas	my ton	4112 dalas	115000
	23n D	URIAL, CREMATION, REMO	VAL 236. DATE	122 NAME OF CE	METERY OR CREMATORY	123d LOCATION	077 21	15
	(34, 6	SPECIFY)				CITY OR TOWN	COUNTY	STATE
		Burial	8-22-87	Trenton	1 Cemetery	Upperco	Balto M	ld.
		INERAL DIRECTOR		4DDDCCC	250 DATE	REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE	
		Eline Funer	al Home, Ha	mnstead	Md. All	625 1987	Julia Dividson-Rand	all i
- 1				mpo ocau,	mu. LAU	0 0 1001	Cl.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

062730 AUG	11.	STATE	DEI /	CERTIFICATE OF DEATH	REG. NO.	4
	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ay be age 3 death	(1186	CHARLOTT	E G	RIDGEN	8	987 0635M
a d	3 SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 office	2	Female	white	MONTH DAY YEAR 7 - 11 - 1905	82 Y	MONTHS DAYS HOURS MIN
2 11 27		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUN		9. BALTIMORE CITY OR COU	
1 1 27		md.	U.S.A.	WIDOWED DIVORCED	CARROLL	MD.
1/1/	10. C	TY OR TOWN OF DEATH		IRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
5 X 5 13 (A)	We	STMINSTER	CARROLL Count		Homemaker.	G LIFE) INDUSTRY
212	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13e.STREET ADDRESS / ZIP C	007
日 は 請うり	1000	ARYLAND CAR		Nindsor YES NO 1	15402 OAK C	
YLA		THER'S NAME		15 MOTHER'S MAIDEN NA	ME	
MAN be apple	1	Andrew	Jackson III	AGNER SARA	MIDDLE	Jordon
RE, I		VAS DECEASED EVER IN U.S. AR		SECURITY NO. 17 INFORMANT	ADDRESS	1 1
BALTIMORE, core be executed to perform and corpers. Pages, July, the medical	(YES, NO OR UNKNOWN) (IF YES, GIV	WAR OR DATES) 215 34	MINIO Therebee R	docks new	Wineson Mt.
ALT sicro		18 CAUSE OF DEATH (Enter or		oi, and ici.	400	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., B		PART I. DEATH WAS CAUSE	TE CAUSE (a)	gest we Hear	tacluy	
	200	17076277	DUE TO, OR AS A CONS	EQUENCIPOE	77	
PRESTON he death of he attendin emove cork mation, or		Canditions, if any, which	((b)	rdiomeso de	lus	
the remover the		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	FOUERCEOS I M	1	
that that that that the ease rail, cre		underlying cause last	(c)	13 CND-		
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The law requires the offending physician. Weter this certificate has been signed to as the burial-transit permit. Then plead the and Mental Hygiene prior to burial orked or them 18 shows any injury, or corked or them 18 shows any injury, or corked or them 18 shows any injury, or corked or them 18 shows	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART Ita
ORD requesto or to y inju	CERTIFICATION					
L REC	ICA	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206-45	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
VITAL N: The hysician cate he ransit p Hygen	RTI	a complete the control of the contro	THE OF BUILDY	21. HOW BUILDY OCCUP	YES NO	YES NO
d OF VITA Sician: T g physici certificate rial-transi ental Hyg frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)
N OF	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19 216 LOCATION		
DIVISIO ING PHY offer this as the b th and A	MED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OF		CITY OR TOWN	COUNTY STATE
DIV GENG After Os t Ith o		AT WORK AT WORK	21.1	40/23 8	7 8/9	£7
END OR.		220.1 certify that (I) (this hasp			death accurred on the date and	hour and from the causes stated
ATT aspressor and the state of		Obove, (1) (we) (did) (did no 22h SIGNATURE	t) view the body after death.	DEGREE 1	- Constant de Cons	22c. DATE SIGNED
OR A he ho ached		71/11	MIMUS	ATTENDING	MEDICAL STAFF	0-G-42
ERAL ERAL Stote		22d_PHYSICIAN'S NAME CTYPE O	OR PRINT)	PHYSICIAN A	DIRECTOR PHYSICIAN	10 7 01
O HOSPITAL etorined by the TO FUNERAL should be det with the Store		MANULT	1. J. SEVI	LLA COMNUNO	Mu ld.	WESTMINSTER
TO HOS should with the IMPORT	220	DUBIAL CREMATION REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	1216 LOCATION	
DD	230	BURIAL, CREMATION, REMOVAL (SPECIFY)	Art and the second		CITY OF TOWN	COUNTY STATE
BP	24 F	BURIAL UNERAL DIRECTOR	08-14-87	Mt. View Cemeter	y Marriotsvil	
DHMH - 16 60M 7/B4 (VRA 15, 4)			L HOME SYKES	VILLE, MD 21784 AU	6 1 3 1987	Madam. Pagas.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE PROBLED BY FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL: TRANSIT PERMIT PAGES AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF BAFTIRNORE, MARYLAND, 21201 PRIOR TO BURIAT, CREMATION, OR REMOVAL.

DHMH - 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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V	REG. N	10	
	REG. I	·O.	

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4		CURSTRAIL				1 2 0 mil 1 11 1	1000	7	REG. NO.		
		EASED NAME OR PRINT)	FIRST Lee		E.	Robey	1300	2a. DATE KNO OF ES DEATH MA	TI- Z O	DAY YE	AR TO
	3 SEX		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS	IF UNDER 1 YR.	IF UNDER 24	HRS. 2c. DATE PRONOUNCED	HINOM	DAY	EAR THE STUB
-	7a 81R1	THPLACE (51		76. CITIZEN OF WHA	T COUNTRY? 8	MARRIED NE	VER MARRIED		CITY OR COUN		H 22
1		Mary.	- 1			WIDOWED 🔀	DIVORCED		oll Coun		MD.
1	We	estmins	ster	4 Foxmead			TION 12	FOR MOST OF WORKING Retired	ON (TYPE OF WORK	0R IND	PE BUSINESS PUSTRY
1	III STA		NIE COU	OR OTHER INSTITUTION, GIVE R	RESIDENCE BEFORE ADMISSION Baltimore	13d. INSIDE (YES 🔀	NO [sireet Address 319 West	42nd Str	eet 2	1211
Ž	PE.	HER'S NAME		MIDDLE T.	Robey		er's maiden i	Mary Mary		Coll1	ins
7		AS DECEASED	DEVER IN U.S. A	RMED FORCES? E WAR OR DATES)	166. SOCIAL SECURITY N	NO. 17 INFOR	MANT	Al	DDRESS		
	1	VO		/	215-05-985	Jane	Willia	ams 4424 Bi	ena Vis	ta Ave	. 21211
	NO.	gave ris cause (o) lying cau	GNIFICANT CONDITION	(b) DUE TO, OR AS (c) (c) S CONTRIBUTING TO OF ATH BUT	A CONSEQUENCE OF A CONSEQUENCE OF NOT RELATED TO THE TERMINA	N. DISEASE OR COMOITIO		10		Z0 AUTO	PSY?
	RTIFIC	01- FVTF0414	IL CAUSE WAS	211 71145 05 10	114 ON					YES	□ NO □
1		UNDERLYING CONTRIBUTION	OR NG CAUSE OF	DEATH P.M.	MONTH DAY YEAR		OCCURRED	ENTER NATURE OF INJURY II	N ITEM 18 PART 1 OR PA	ART 2)	
	MEDICAL	WHILE AT WORK	NOT WHILE AT WORK	21e PLACE OF STREET, FACTOR	INJURY (AT HOME, Y, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	co	PUNIY	STATE
			y that flook char	ge of the remains Abscrib	houseboy), held an	Autopsy Chamber of the Company of th	Inspection Code	Undetermined monner	DATE	pinion	lug 87
1		EXAMINER'S TYPE OR PRIN		0		ADDRESS_	I				/
	(SPE	Buri		8/27/87	Druid Rid		ery	Baltimore	cou	Mary	land
	_ 1	VERAL DIREC		ADDRESS			25a. DATE REC	D. BY REGISTRAR 2	BEGISTRAR'S	SIGNATURE	
	A.	Alan	Seitz	Tr 2010 D		07.07.7	4110 0	A I			-

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		Section 1
Daz # Da	TAKET NEWSCHOOL STREET	
		The Leader
	Transfer of the	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	-	O CO						REG. NO.			
		CEASED NAME FIRST		MIDDLE	- 1	AST	20. DATE C	OF DEATH MONTH	DAY YEAR	25 HOUR	
	Co	ither The	· E	Lorett	ta K	205/	280	ny 1987			М
	3. SEX		4. RACE		5. DATE C		6. AGE (IN	YEAR LAST BIRTHDAY)	IF UNDER I YEA		_
		Fenh	6		May		53	YRS	MONTHS DAY	5 HOURS /	MIN.
1	7a. BIF	RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF	WHAT COUNTRY?	8			ORE CITY OR COUN			_
2		arvland	U.S.	Α.	MARRIE	DEVER MARRIED .		Carro	11		MD.
7		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION		OCCUPATION	125. KIND	OF BUSINESS	
	IN	estminster	404B	Mathias	ADDRESS)		Nurs	REFORMOST OF WORKING	WEST	Nur	şin
l e	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				NOM	al. C	40
-		ryland Car	roll	Westmir		13d. INSIDE CITY LIMITS?	404 B	Mathias	Ct. 2	21157	
-		THER'S NAME	TOTT	WCD OUTT	10 001	15. MOTHER'S MAIDEN NAM		110 0112010		, , , , , , , , , , , , , , , , , , ,	
9	d	Roland	MIDDLE	Wachte	272	Golda		Viola	Rums	port	
-	Ián V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU					1001111	POLU	
			E WAR OR DATES)	215-32			Rohl	404B Ma	thias	(CT. 277	57
					-	7 110 002 0 01	110 02	Mescultu	POPET	TO - ZII	27
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one cause per DBY:	line for (a), (b), and	d (c1.)	E 15 2 1 7 1 1			BETWEE	OXIMATE INTERVA	ATH
		IMMEDIA	5	5 mm							
			W	-							
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		gave rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	NCE OF	ELIAL STATE OF THE				0	
		underlying cause last	(5)	K AS A CONSCOOL	1402 01						
Ε		PART 2. OTHER SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEA	SE OR CONDITION (GIVEN IN PART	1(0	
	Z O										
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1	FIC						YES 🗆	NO 4 IN CER	RTIFY ING CAUS	ES OF DEATHS	?
_	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME C	F INJURY		21c. HOW INJURY OCCURR					_
1		OR CONTRIBUTING CAUSE OF DE	110	M. MONTH DA							
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINED		M. OF INJURY	19	211 LOCATION					
	ME	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN	COUNTY	STAT	31
		AT WORK AT WORK			794	(2)		19 A . / 6(5)			
H		22a I certify that (1) This hosp		in .		0	, to	28 Aug (28)	. 19	_, that (I) (we	
		sow the deceased alive of above, (1) (we) (did) (did no	view the body	ofter death. 19 &	, 01	nd that in (my) (our) apinion o	deoth occurr	red on the date and h	nour and from t	he causes state	ed .
		226. SIGNATURE	- ^	0		DEGREE			22c DA	TE SIGNED	
,	1	1 med 2	Celan	20		ATTENDING PHYSICIAN	DIRECTO	R PHYSICIAN	28	mof)	
		226 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS		1 11 1.0	1 (6	150	
	1	DONALD I	Cak	er		222 Washin	John 1-	luger mod	" WA	2/15	
	73- 0	BURIAL, CREMATION, REMOVAL	-		NAME OF C	EMETERY OR CREMATORY	23d. LOC	ATION	1,100	-(14)	_
	1	SPECIFY)	100	- 0		1 Cremation		TY OR TOWN	COUNTY	11 Md	TE
		emation MERAL DIRECTOR	8-30	-01	SELV			mps tead	Carro		•
	10	NAME OF THE OWNER	Thomas	ast Main	tcher n Str	ceet Son B. H.	D 1 Les	REGISTRAR 256. REG	ia Dioider		2
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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•		REGISTRAR			CERTIF	ICATE OF DEAT	п	REG., NO.	3 5 -			
1		CEASED NAME FIRST	MIDE	DLE	i.	A\$T		20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR		
	(TYPE	Grace Grace		= ,	5	avage		8-	4-87	55		
П	3. SE>	X	4 RACE		S. DATE C	OF BIRTH	- 6	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 IRS		
	1	Female	Whit	е	OH.	A manufacture or	EAR	86 _{YRS.}	MONTHS DAYS	HOURS MIN		
2	a. Bil	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH		MARDIE	D NEVER MARRI	ED T	BALTIMORE CITY OR COUNT				
2	Ì	Pennsylvania	United	States	WIDOWE			Carroll County	1	MD.		
0		aneyotwn	11. NAME OF HOS (IF NOT IN SUCH FA 2204 Be	SPITAL, NURSING ACILITY, GIVE STREET AE ar Run R	HOME C	OR OTHER INSTITUTION		126 USUAL OCCUPATION LITTLE OF WORK FOR MOST OF WORKING LIFE) 126 KIND OF BUSINESS OF WORKING LIFE) 126 KIND OF BUSINESS OF WORKING LIFE) 127 KIND OF BUSINESS OF WORKING LIFE) 128 USUAL OCCUPATION LITTLE OF WORKING LIFE) 128 KIND OF BUSINESS OF WORKING LIFE) 129 KIND OF BUSINESS OF WORKING LIFE) 120 KIND OF BUSINESS OF WORKING LIFE) 121 KIND OF BUSINESS OF WORKING LIFE) 122 KIND OF BUSINESS OF WORKING LIFE) 123 KIND OF BUSINESS OF WORKING LIFE) 124 KIND OF BUSINESS OF WORKING LIFE) 125 KIND OF BUSINESS OF WORKING LIFE) 125 KIND OF BUSINESS OF WORKING LIFE) 126 KIND OF BUSINESS OF WORKING LIFE) 127 KIND OF BUSINESS OF WORKING LIFE) 128 KIND OF BUSINESS OF WORKING LIFE) 129 KIND OF BUSINESS OF WORKING LIFE) 120 KIND OF BUSINESS OF WORKING LIFE 120 KIND OF WORKING LIFE 120 KIND OF BUSINESS OF WORKING LIFE 120 KIND OF WORKING LIFE 120 KIND OF WOR				
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2	2	THER'S NAME FIRST Harry	– Dor	worth		Na.ncy	DENNAM		ise 'AS	51		
-		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECUR	ITY NO.	17. INFORMANT	32-24	2204 Bear R	un Rd.			
5		NO -		201-18-6	085	Spencer H	Raeze	r /Taneytown, Md	. 21787	IMATE INTERVAL ONSEI AND DEATH		
	N	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR A (b) DUE TO, OR A (c)	S A CONSEQUEN S A CONSEQUEN TRIBUTING TO DE	NCE OF	Oferation NOT RELATED TO THE	JO.	nal disease or condition GI	Five 17	115/87		
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH C	PERATIO	IN WAS PERFORMED	rell	IN CERTI	ES, WERE FINDE IFYING CAUSES ES [
1	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF	MONTH DAY	19	211 LOCATION	OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18.	PART (OR PART 2)	STATE		
	W	WHITE ATWORK NOT WHITE ATWORK 220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) folio (did no 27b. SIGNATURE	tal) attended the d	leceased fram	-7/	nd that in my (aur) DEGREE ATTEN	DING _	, ta				
/	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22d. ADDRE 22d. ADDRE 1500							St-Westminster	- Md.	21157		
		BURIAL, CREMATION, REMOVAL	236 DATE			EMETERY OR CREM		23d. LOCATION CITY OF TOWN	COUNTY _	STATE		
		Burial	August 7						isburgDauphin,Pa.			
	24 FU S	uneral director Kilës Funeral H	136 E.	Baltimo ytown, Mo	re 21	St 7	AUI	RECID. BY REGISTAR 25b. REGIS	TRAR'S SIGNA	Rondoll		

STATE OF MARYLAND

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1 71		ORPRINT) MAB	EL An	ngela (SHAF	FER	2a. D	ATE OF DEATH	8 L	YEAR 2b	HOUR PM
5 6 6	3. SE		4. RACE	7	5. DATE OF B			GE (IN YEARS LAST BIR			UNDER 24 HRS
4 96 4	1	Female	Whit	e	o'I'o	18 192	21 (65	YRS	ONTHS DATS HO	OURS - MIN.
A 3 1/ 1/20	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI		8. MAPPIED D	NEVER MARRIED	9 BA	LTIMORE CITY O	R COUNTY	OF DEATH	
1 1 1 10		Maryland	U.S.A		WIDOWED	DIVORCED		Ca	rroll		MD.
101	10. CI	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	G HOME OR C ADDRESS)	THER INSTITUTION	N 12a U	USUAL OCCUPATION OF WORK FOR MOST OF TOPPORT	ON F WORKING LIFE	12b. KIND OF BU	ISINESS OR
in the state of th		Westminster		achity, one street				Foreman		Vess	er Sho
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1 16/17	III FA	THER'S NAME	WIDDLE	LAST	15	MOTHER'S MAIDE		WIDDLE		LAST	
\$ 7 18/100	1	Harry	W.	Clos		Ada	1	R-		Drech	
IMORE second or and or Fogen	16a V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? III	220-16		Edgar	J. S	haffer		nd Stre minster	
BALT of the contract of the co		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per lin	ne far (a), (b), and	lici.)					APPROXIMATE BETWEEN ONSE	
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DS. 20	N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	ITRIBUTING TO E	EATH BUT NO	T RELATED TO THE	TERMINALI	DISEASE OR CON	DITION GIVE	N IN PART 11a	
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OF VITT.	AL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DA	Y YEAR	c. HOW INJURY O	CCURRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RITORPART2)	
DIVISION OF Streeting of the this cert on the furnion than Alexand	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF	INJURY I, FACTORY, OFFICE, FA	21	f. LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
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O HOSPITA	1	22d, PHYSICIAN'S NAME (TYPE OF	Pada Pada	ett, v	10 22	- ADDDESS	01,1	och Pau		21239	<u> </u>
01 241 3 1	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF CEMI	ETERY OR CREMAT		d LOCATION			
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STATE	OF MARY	LAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEACH

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8.6 SEP	12	RINT)	ARY	MIDDLE V.	SHI	TPLE'		20. DATE OF DEATH	8 22	YEAR 87	26. HOUR 0425 A
of re-	3. SE	X C	4. RACE	4110	5. DATE OF	BIRTH	YEAR	6. AGE (IN YEARS LAST BI	THDAY) IF U		IF UNDER 24 HRS HOURS MIN.
ours		temale		auc.	01	09	03	87	YRS		
72 20		RTHPLACE (STATE OR FORE	USA	OF WHAT COUNTE	MARRIED WIDOWED	NEVER M	ARRIED	9 BALTIMORE CITY C	COUNTY OF	DEATH	
سات	10.0	TY OR TOWN OF DEATH		OF HOSPITAL, NUR	Co.		MD				
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ald be	13o. 5	AL RESIDENCE HE NURSING	COUNTY	13c. CITY OR TO	FORE ADMISSION)	13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS 54 Bon	1 -1	ě	31157
2000	14. FA	THER'S NAME FIRST	WIDDIE	Bett		_ F	MAIDEN NAM IRST NM 2.	MIDDLE MIDDLE	Gri	iffin	
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ng physicia banpapers remaval. c event, the		18 CAUSE OF DEATH (I PART I. DEATH WAS	enter only one cause (CAUSED BY: MEDIATE CAUSE (o),	per line far (g), (b),	myoc	ardia	eing	netton		APPROXIM. BETWEEN ON	MATE INTERVAL NSET AND DEATH
nove cor		Canditions, if any, w	hich ((b)	OR AS A CONSE	CONTRACTOR OF THE PROPERTY OF	rois					
or other		couse (o), stating	.)	, or as a consec	OUENCE OF						
injury, o	NO	PART 2 OTHER SIGNIF		CONTRIBUTING	O DEATH BUT N	10 RELATED	O THE TERMIN	NAL DISEASE OR CON	DITION GIVEN I	M PART To	
r permit	CERTIFICATION	190 DATE OF OPERATIO	N 195 CO1	NDITION FOR WH	ICH OPERATION	WAS PERFOR	MED	200 AUTOPSY?	206. IF YES, WI IN CERTIFYING YES	G CAUSES C	
od-tronsing the part of the pa		210 ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH HOUR	E OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJ	URY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
and Me	MEDICAL	21d INJURY OCCURRED	21e. PLAC	CE OF INJURY STREET, FACTORY, OFFI		211 LOCATION	N	CITY OR TO	WN	COUNTY	STATE
r use as i Health a		220 I certify that (1) (the		the deceased fro		(that in (my) (, 19 81	, to 32	2 19_		hat (we) last
DIRECT oched fo Dept. of If them 2		abave, (I) (ve) (did)	(did not) view the bo	dy after death.		EGREE	TENDING	MEDICAL STA		22c. DATES	
should be determined the State		228. PHYSTELANDS NAMI	(TYPE OR PRINT)	Just de	de Sin		HYSICIAN [8/-	(5/0.1
Short MPR	73a (BURIAL, CREMATION, REA	MOVAL 1236, DATE	12	JE NAME OF CE	METERY OR CI	REMATORY	73d LOCATION			
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16 60M 7/84 RA 15, 4)		obert K. F	412 Wash	nington	Road		D AUG	2 8 1987 RAR	Mb. REGISTRAR	asien (
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY	GIENE 2 3	4 5 3
1	DEC	EASED NAME FIRST	MIDDLE	L/	NST .	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		John	Leroy	5.	egrist	8	-6-87 1440m
3	. SEX		4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	1	MALE	White	3	29 09	78	'RS
7		THPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUN USA	TRY? 8.	NEVER MARRIED DIVORCED		UNTY OF DEATH
1	W	estminster	(IF NOT IN SUCH FACILITY, GIVES	Nty GE	ROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Underwrite	
	3a. S.		NTY 12 CITY OF		136. INSIDE CITY LIMITS?		code n Park Dr. 21157
1) FA	John	MIDDLE Siegri	ist	15. MOTHER'S MAIDENN Marie	WIDDIE	DEDER ÉR
	(Y			SECURITY NO. -0-1538	Gwennie S	iegrist, 13e	APPRÖXMATE INTERVAL BETWEEN ONSET AND DEATH
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	SEQUENCE OF		MINAL DISEASE OR CONDITION 1200 AUTOPSY? 1206	N GIVEN IN PART I 10. IF YES, WERE FINDINGS USED LERTIFYING CAUSES OF DEATH?
-	ERTIFI	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCU	YES NO NO	
		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		sow the deceased alive a above, (1) (we) (did) (di d -	oitol) ottended the deceosed for view the body ofter death.	19 <u>\$</u> , or		n deoth occurred on the dote on	that (I) (we) lost dhour and from the causes stated
		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	udu prop	anny	ATTENDING PHYSICIAN 122e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	- 18/107
		CHITRACH	EDY NAG	ANNA	700 A	poole Rd	West munter 11)
	230. B	URIAL, CREMATION, REMOVA	8 /8 /8 7	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CUYOR TOWN	COUNTY STATE HOWARD MD
1	24 FL	INERAL DIRECTOR A4 0 1	0/0/0/		25a. D.	ATE REC'TO BY TO OIST RAR 256. R	110 111111
	R	ober t K. Pr	tts, Sr.,	estmins	200	16 1 4 1901	To Daniel L. Company

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STATE OF MARYLAND

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064482 SEP	12	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH	5 4
ORE, MARYLAND 21201 Mercred within 24 hours after death. Page 4 may be not completely filled in by the harmol director, page 3 ger. and 2 beautiful be filled within 72 hours after death discolar ammentation be required a long of the seathern of the seat	70. 1 10. 0 130	REGISTRAR ROUNTH DAY AND AND RESISTAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR ROUNTH DAY AND RESISTAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR ROUNTH DAY AND RESISTAR ROUNTH DAY AND RES	FUNDER I YEAR IF UNDER 24 MRS. SONTHS DAYS HOURS MIN. DF DEATH 126. KIND OF BUSINESS OR INDUSTRY Domestic 21797 Rel Rd.
If AL RECORDS, 201 W. PRESTON ST., BALTIM in The law requires that the death certificate be strictly. The law requires that the arterial physician into permit, Then please by the arterial physician into permit. Then please better corton opposite prior to busing, one stadio, a window in the following of the standard	CERTIFICATION	18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Que rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVE AS CUD QUELLA DELL'ALTER OF LAND CONDITION GIVE PO DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WAY AND AND AND AND AND AND AND A
DIVISION OF V DIVISION OF V DIVISION OF ATTENDING PHYSICIAN USING by the found of offerding phy O FUNERAL DIRECTOR, After this certific could be detached for use as the building this State Dept of Health and Memority POSTANT. If here 21 is marked or, length.	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22e. I certify that (I) this hospital) attended the deceosed from and the deceased give an analyse with body after death. 22e. I certify that (I) this hospital) attended the deceosed from and that in (my) (aur) apinion death accurred on the date and hour analyse (I) (we) (did) Nid not) yiew the body after death. 22d PHYSICIAN'S NAME (179E OR PRINT) 22e. ADDRESS 22e	COUNTY STATE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4 7 AUG 26 I	7	FOR STATE REGISTRAR	DEPARTA	MENT OF H	ICATE OF DEATH	IENE 2 3	4 3	7	
1 100 20	L DE	CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH M	ONTH DAY Y	EAR 26 HOU	R
oo th	{ I YPI	ORPRINT) Willi	am Patrick	S	mith	8/22/87	8-22-	87/101	0
your de	3. SE		4 RACE	5. DATE C	Contract of the Contract of th	6. AGE (IN YEARS LAST BIRTHI		-/	24 HR5.
ctor,	-	male	white	MONTH	- 15-1913	74		DAYS HOURS	MIN.
4 10		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.		9 BALTIMORE CITY OR	COUNTY OF DEA	TH	_
AA	F	hila, Pa.	U.S.A.		NEVER MARRIED	CAPPAU			
3-112		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME C		120 USUAL OCCUPATION	V 12h K	IND OF BUSINE	MD.
1160	100	Stminster		ty Ge	en. Hospital	Truck Driv	VORKING LIFE) INDU	STRY	
filling to the second	13a :	at residence (if hursing home or STATE 135, COUNTY CAT)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 134 CITY OR TOW Mt. A11		13d INSIDE CITY LIMITS?	14008 E.	nnapol:	1771 is Ct.	
if January	14. F/	THER'S NAME		2	15 MOTHER'S MAIDEN NAM				
w be whole		Thomas	MIDDLE Smi	th	Anna	Regina	P	Mahone:	v
d col		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		17. INFORMANT	14008	E. Anr	apoli	s Ct.
ond co	(Yes WWI	I Army 173-07-	-649	Hilda Mae	Smith Mt.	Airy, I	प्यः 21'	771
te b		18 CAUSE OF DEATH (Enter on						PPROXIMATE INTER	VAL
phys pop nove			ly ane cause per line far (a), (b), and D BY:	Do	m) laton	1 Treils		DA INTO	DEATH
ing representations		IMMEDIAI	E CAUSE (a)	100	1) (1	200	2011 0	<u>~</u>
e death ce tottendin nave corb otian, or r traumatic		Canditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF		,			
		gave rise to immediate) (b)			-			
that the desired by the lease region, cren		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF					
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en sign Then or to bu	CERTIFICATION					1989			
low remit prices	ĕ.	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE F		
The ion.	E E					YES NO	YES [NO [
N. N	B	210. ACCIDENT WAS UNDERLYING	Transport of the Contract of t	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PA	RT 2)	
ICIA DI	¥	OR CONTRIBUTING CAUSE OF DEA	W. Committee of the com	19					
HYS andin	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION	CITY OR TOWN	COUN	aty c	TATE
G P offer the sthe	E	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	SIRCE	CITY OR TOWN	COOK		ATE
Por Se o Se o H	10		al) attended the deceased fram_	2-	18- 19 87		9- 19 8-	that (l) (w	ve) last
TTEN pitol TOR for u		saw the deceased olive on abave, (I) (we) (did) (did not	8-22-19	800	nd that in (my) (aur) opinian a	leath accurred an the date	and hour and frai		
R A hosp	100	22b. SIGNATURE) view the bady after death.	-	DEGREE		22¢	DATE SIGNED	-
the Distriction		Polotonia			ATTENDING _	MEDICAL STAFF		2722	
PITA by by ERA e de Stot		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	117	122e ADDRESS	DIRECTOR PHYSICIA	NL] (TIC	
ro Hospital etoined by the TO Funeral should be det with the State		CHITRACHE	DY NAGA	NNA		rale Rd	wer	mint	es
E 5 P 2 7 7		SPECIEVE SPECIEVE			EMETERY OR CREMATORY	23d. LOCATION	t Or the law		
BP	C	remation			l Cremation	Hampste			id.
DHMH - 16 60M 7/84	24 F	NERAL DIRECTOR Thon	as D. Fletche	r &	Son F. H 250. DATE	REC'D. BY REGISTRAR 25	B REGISTRAR'S SIG	SNATURE	
(VRA 15, 4)	1	utto we	stminster Wa	tree	21157AUG	25 1007	to Kriedy	Dud . M.	

AC 24 - State Last Marintana 21 and SA

TO FUNERAL DIRECTOR. After this certificate has been signed should be detached for use as the busing-transit permit. Then plit with the State Dept. or Health and Minister Hyperer prior to busing

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Irem 21 is marked or Ju-

062930

filled in by the funeral director page 3 ould be filed within 72 hours after death

STATE OF MARYLAND									
EPARTMENT	OF HE	ALTH A	IN MENTAL	HYGIENE					
CEI	DTIEL	ATE	EDEATH						

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1-	FOR STATE			DEPART		OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 2	3 4		į.	
175	REGISTRAR							Ğ∮NO. TH MONTH			
TYPE-OR PRINT			MIDDLE				20 DATE OF DEA	DAY	YEAR	26 HOUR	
	John		EDWARD Sprinkle				8 12 87 150				
3 SEX	X	4 RA	ACE		5. DATE O		6 AGE (IN YEARS L	AST BIRTHDAY	MONTHS	DATS	HOURS MIT
_	Male		Whi		Sept		64	YR			
	RTHPLACE (STATE OR FOR	EIGN 76 C	ITIZEN OF W	HAT COUNTRY	MARRIE	NEVER MARRIED	9 BALTIMORE C	ITY OR COU	NTY OF DE	ATH	
M	Maryland		USA.		WIDOWE			Carrol	1		
	ry or town of DEAT	1	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	TYPE OF WORK FOR / Supervi	AOST OF WORKIN	G LIFE IND	tili	BUSINESS O
13a, S	AL RESIDENCE (IF NURSING	HOME OF OTHER Baltim		Reisters	VN I	13d. INSIDE CITY LIMITS?	13 STREET ADDR 4827 P1	ess / zip co	ODE Grov	e Rd	. 211
II FA	THER'S NAME					15 MOTHER'S MAIDEN N.		70			
1	Edward	Cock	ev	Sprin	kle	Meryl	Luere			Nash	
16a W	VAS DECEASED EVER IN	U.S. ARMED	FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	4827	Pleasa			Rd.
(Y	YES NO OR UNKNOWN)	WW II	OR DATES)	217-12-	8390	Hazel Sprink		erstow			
	18 CAUSE OF DEATH						210200	OI DOOM			MATE INTERVAL
	Conditions, if ony, gove rise to imme cause (a), stating underlying cause	which diote the last.	(b) DUE TO, OR	AS A CONSEQU	IENCE OF	injustion	•				
ICATION	Conditions, if ony, gove rise to imme cause (a), stating underlying cause	which diote the last.	DUE TO, OR (b) DUE TO, OR DITIONS CO	AS A CONSEQUENTRIBUTING TO	DENCE OF	injuntin		20b IF	YES, WERI	E FINDIN	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR DEPARTMENT OF HEALTH AND MENTAL HAV	CHEMP 63 73 4 77
4 AUT	G- TAIB7AR CERTIFICATE OF DEATH	REG. NO.
	DECEASED NAME FIRST MIDDLE LAST VIVE OR PRINT) F. Stein berg	26. DATE OF DEATH MONTH OAV YEAR 26 HOUR 8 - 2-87 1)
1	sex 1 rate 5. Date of Birth Pemale white 3 10 15	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS
3570	BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) 8. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED TO COUNTRY DIVORCED TO DIVORCED TO DIVORCED TO DIVORCED TO DIVORCED TO DIVORCED DIVORCED TO D	Carroll County
OS	Kesvile Surprise Elder Care Center	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
130	MD. 136 COUNTY 136 COUNTY 136 INSIDE CITY LIMITS? Westminsterves NO	13. STREET ADDRESS / ZIP CODE 818 Little stown Pike
60	Herbert W. Harn Minnie	R. Myers
) [m	(YES, NO OR UNKNOWN) (15 YES, GIVE WAR OR DATES) NO NO. 17 INFORMANT 213-05-3802- George S	teinberg, Sr. 13e
event, the	18 CAUSE OF DEATH Enter only one couse per line for 191, 161, and 101. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chaue Obstutum Lung	Auguse
her traumatic	Conditions, if ony, which gave rise to immediate couse ioil, stating the underlying couse last.	
njury, or of	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION GIVEN IN PART 1:0
GERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH! YES NO YES NO NO
	OR CONTRIBUTION CONTRIBUTION OF DESCRIPTION HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET AT WORK	CITY OR TOWN COUNTY STAT
21 is mor	27a. I certify that (1) (this haspital) attended the deceased from 7/21 19 87 and that in (my) (aur) apinion above, (1) (we) (did) (did not) view the bady after death	7, to
T Her	The state of the s	MEDICAL STAFF DIRECTOR PHYSICIAN 8/3/87
IMPORTANT: # #e	PATRICK A TURNES, MO 1425 Liber	by Rd
23a	Burial, Cremation, REMOVAL 236 DATE 87 Sams Creek	138 LOCATION COUNTY COUNTY NO 1/ STA
/84	Robert Kylo Pritto dr. Westminster Md	TEREC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

3 3 0 3 0 4	HC		STATE SEGISTRAR			ICATE OF DEATH	REG. N	3 4 5	8
oge 3 COC	00		OR PRINT) AUDRES	BELLE	STON	ESIFER	20 DATE OF DEATH		YEAR 26 HOURS
ge 4 mos ectos, po		3 SE	"enale"	White	5 DATE C	F BIRTH 1932	6 AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
eoth Poneral dir	71	70. BI	PTHPLACE ILLATE OR FOREIGN 76	CITIZEN OF WHAT CO	MARRIEL WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	//	ATH MD.
s ofter d	9	10 c	TY OR TOWN OF DEATH		, NURSING HOME C	ROTHER INSTITUTION	12a USUAL OCCUPATI	F WORKING LIFET IND	KIND OF BUSINESS OR
Hed in	5	USU. 13a	AL RESIDENCE (IF NURSING HOME OR OF ITATE 136 COUNTY	1 // 13g C/TY	OR TOWN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE PS!	21157
mpletely	d	14. F/	THER'S NAME FIRST MI	Fog	Ast	15. MOTHER'S MAIDEN NA	AME	Hein	lein .
n ond co			VAS DECEASED EVER IN U.S. ARMI (ES, NO O UNKNOWN) (IF YES, GIVE V		-26 - 7341	William H.	Staresi fer	Same	es # 13
physicio	venc, van		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY: 10	100 R	ilure		84	APPROXIMATE INTERVAL ET WEEN ONSET AND DEATH
deoth cer	a dinonic		Conditions, if ony, which	DUE TO, OR AS A	OTTE OF STATE OF	mondible	Queelar	ollcon	einoma
by the cose remo			gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF				
equires the signed Then plee	injory, or	NOI	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN P	PART Ira
	2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
YSICIAN. The ding physicion is certificate buriol-transit from the formation of the formati	G		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	11b. TIME OF INJURY HOUR A.M. MO		21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR I	PARI 2)
r offending After this cost the bur th ond Me	5	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJUR	Y	211. LOCATION STREET	CITY OR TO	WN COL	STATE
TTENDIN or of Or of TOR: Aft for use of	2		27a I certify that (I) (this bespita sow the deceased alive are abave, (I) (we) (did) (dig not)		married and a	d that in (my) (and) opinion	to death occurred on the d	3 19 8 ate and hour and fr	am the causes stated
OR A DIRECTOR OCHECTOR DEPT	E	þ	23 SIGNATURE	wew the body after dec		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _ <	BIBINED T
TO HOSPITAL retained by th TO FUNERAL should be deter with the State	OK A		Park W. Es	- / /	J	22e ADDRESS			
BP Of State	Š ·	23a (SURIAL, CREMATION, REMOVAL	23b DATE 8-16-87	PRACOW	EMETERY OR CREMATORY	23d. LOCATION CITY OFFICE LES TRIA	he Count	roll Pd
DHMH - 16 60M 7 (VRA 15, 4)	7/84	24 F	INGRAL DIRECTOR PLATELES		ADDRES) estar	ster AU	G 1 7 1987	A	A STOREST

063030 AUG 19 07 A TABLE IN THE PARTY OF THE PARTY IN THE PAR Mit 1/4 2, 1852 55 Frank Hardren U.S.A. " Com Richardson 1414 Reelin 18 Communichers Rafe First Marghant Court Germania & Age Butta Pet of 1952 Touch Com Hinker 375-26-1341 William H. House to som & 213 Part to Expended IF Then Detailed for the Sound All 17 887 January

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 3

7	- LOISTRAR					REG. NO).	7 7		
1	1 DECEASED NAME FIRST	WIDDLE	LAST		20	. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR	_
1	(TYPE OR PRINT) MARY	& lle	Tai	1101		0	8 2	587	123	D M
1	3.5EX 4. R	ACE	5. DATE OF			AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24	IRS
1	Female (Cauc	EO 3	20	95	92	YRS.	ONIHS DAYS	HOURS	IN.
1	70. BIRTHPLACE (STATE OR FOREIGN 76 C	CITIZEN OF WHAT COUNTRY?	8.	☐ NEVER MAR	PIED D	BALTIMORE CITY O	R COUNTY	OF DEATH		
)	Carrollton, Md.	U.S/A.	WIDOWED	X DIVO	RCED 🗌		arrol			MD.
)	Westminster We	NAME OF HOSPITAL, NURS INC (IF NOT IN SUCH FACILITY, GIVE STREET A STRUMBLE TO THE STREET A	GHOMEOR DDRESS)	OTHER INSTITU		USUAL OCCUPATION TYPE OF WORK FOR MOST OF Housewill		12b. KIND O	F BUSINESS	OR
7	USUAL RESIDENCE IN NURSING HOME OR OTHE	ER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	£61	1					_
d	Maryland Carro	Westmin		YES X NO		L234 Wash	inet	on Rd	. 211	57
1	14. FATHER'S NAME			S. MOTHER'S M	AIDEN NAME					
	William H.	Long	g	Ro	sa	May		LAST	Warti	n
1	160 WAS DECEASED EVER IN U.S. ARMED	FORCES? 166. SOCIAL SECUE		7 INFORMANT		ADDRE 28	5504 B	5801	n ₄	
	[YES, NO OR UNKNOWN] (IF YES, GIVE WAI	RORDATES 74-2	2607	Nora L	ee Hur	nphreys 1	lunts	úpree Ville	Ala	b.
1	18 CAUSE OF DEATH (Enter only or	ne couly per the for institut, and	12	. /	4-	17. 0	-3	BETWEEN	MATE INTERVAL	TH
ı	PART I. DEATH WAS CAUSED BY	1-11/18/19/2004 8 8	XI	meson	ree	Haulle,	me		*	
1	WWW.EDIATE C	State of the state	Victor /	6	100	1			7.17	-
1	Canditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF							
1	gave rise to immediate	(b)	-		1					_
1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF							
1		(c)						1		_
	PART 2 ONIER SIGNIFICANT CON	all	TH BUT NO	OT RELATED TO	THE TERMINA	al disease or cone	ITION GIVE	EN IN PART 110	3	
Ý	18. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Na CONDITION FOR WHICH	OPERATION !	WAS PERFORM	ED	200 AUTOPSY?		, WERE FINDIN		_
2	SE S	//				YES NO	IN CERTIFY YES	YING CAUSES	OF DEATH?	
d	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1	71r HOW IN IUE	Y OCCURRED	(ENTER NATURE OF INJUR			140 []	_
1	OR CONTRIBUTING TO CALLES OF DEATH	HOUR A.M. MONTH DA	Y YEAR		0000	TEINIER INNIONE OF INSION	THE TENTE	M. I ON I AM ST		
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19							
1	8	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA		LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
	AT WORK				,,,,		25	00		
1	220.1 certify that (1) (this haspited)		17/10	y	19 th lat	, to che	100		that (I) (We)	
1	saw the deceased alive do	ew the Betty after death.	, and	that in (my) (an	opinion dec	ith accurred on the do	ite and haur	and from the	causes stated	1
	274 MONATURE 1	A K on D	DE	8RE)	English S	MINISTER SOUR		22c. DATE	SIGNED	
d	Thechand 12	gray face	101			MEDICAL STAF		8/2	3/31	フ
1	PHYSICIAN'S NAME LITTE OF PRIN	NT)		22 ADDRESS	147 8	Erzelle &	Lana	1/	/	
	KICHARDY.	1/4) RYMI	20	lesse	3	10000	20	2115	7	
1	230. BURYAL, CREMATION, REMOVAL TO	DA DATE 23c N	IAME OF CEN	AETERY OR CRE	MATORY	23d LOCATION	-	7000		-
	AS DEC IEV	8-28-87 Ca	redla		urch	Finksby	ira C	arrol	1 Md.	:
	24 FUDERAL DIRECTOR Thou			Son F	TS DATE P	EC'D. BY REGISTRAR	25h REGISTE			_
	lactic 25	mas D. Fletch 4 East Main	S+ree		AHO	_	1 . "		0 · -	

DHMH - 16 60M 7/84 (VRA 15, 4)

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62469 AUG	128	FOR TATE EGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 3 4 6	ercental in a series
noy be		EASED NAME FIRST KUSUML	AxmI M.	TRIVEDI	20 DATE OF DEATH MONTH DA	7 87 9 45 M
offer p	3. SEX	F	ASIAN INDIAN	5. DATE OF BIRTH MONTH DAY YEAR 11 6 21	0. 7.02 (UNDER LYEAR IF UNDER 24 HRS
ter death. Page he funeral direct within 72 haurs.	C	THPLACE (STATE OR FOREIGN DUNTRY)	The citizen of what country? In dia	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	CArroll Co.	DF DEATH MD.
offer o		y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 839 Winchest		(TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
cote be executed within 24 hours system ond completely filled in by opers. Pages 1 and 2 should be fill wol. 11, the medical examiner must be a first the medical examiner.	13a. S Ma	TATE 136 COU 17 1 136 COU 17 1 Car: THER'S NAME FIRST	PROTHER INSTITUTION GIVE RESIDENCE BEFOR INTY 13c. CITY OR TOV Westmi	E ADMISSION 13d INSIDE CITY LIMITS? 13d INSIDE CITY LIMITS? NO	WIDDLE	LAST
be executed be executed for some some some some some some some some		Mehta AS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GI NO	IVE WAR OR DATES)		ADDRESS	naben M. estminster,Mo
he death certifu he ottending ph emove corbono motion, or remo	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENT OF TO, OR AS A CO	ENSIVE CERVIC		4 YRS.
NG PHYSICIAN: The law requires that it otherwise contending physician. The this certificate has been signed by the stress carrificate has been signed by the buriol-transit permit. Then please in the and Mental Hygiene prior to buriol, created or frem 18 shows any injury, or otherwise programments.	I CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21% TIME OF INJURY HOUR A.M. MONTH D	AY YEAR		WERE FINDINGS USED ING CAUSES OF DEATH? NO NO NO TO TO TO TO PART 2)
TENDI intol or TOR: A or use of Heol	MEDICAL	(IF ETHER NOTIFY MEDICAL EXAMINE 71d. INJURY OCCURRED WHILE AT WORK 72a. I certify that (I) (this been sow the deceased alive or	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE,	MAY-11 19 8	CITY OR TOWN L., to AUG 5 - 10 death occurred on the date and hours	that (I) that for the couses stated
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT should be detoched for with the Stote Dept. or IMPORTANT: If them 2		27h SIGNATURE 27d PHYSICIAN'S NAME (TYPE 174 PHYSICIAN'S NAME (TYPE	ORPRINT)	DEGREE ATTENDING PHYSICIAN 27e ADDRESS W P	MEDICAL STAFF MIRECTOR PHYSICIAN [8.58;
ВР	(URIAL, CREMATION, REMOVAI PECIFY) Premation NERAL DIRECTOR		NAME OF CEMETERY OR CREMATORY arroll Cremation	TE REC'D. BY REGISTRAR 156 REGISTR	arroll Md.
DHMH - 16 60M 7/84 (VRA 15, 4)			l Home, Hampst	ead, Md. 210 AU	6 1 1 1987	iden-Ophidalica

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
= STATE	CERTIFICATE OF DEATHO /

2 3 REG. NO. 3

****		CEASED NAME	FIRST	1	MIDDLE		AST	33.0	20 DATE OF DEATH A	ONTH DAY	YEAR	2b. HOUR
	(ITP)	MAF	RGIE	ETH	HEL	VAN	FOSSEN		8	24	87	735
	3. SE	X		4 RACE		S. DATE C			6. AGE (IN YEARS LAST BIRTH	IDAY) IF I	JNDER I YEAR	IF UNDER 24 HRS
		PEMALE	88.5	CAUCH	951AN	MONTH 12		YEAR	72	MOM	THS DAYS	HOURS MIN.
20	7a. B	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.			9. BALTIMORE CITY OR	COUNTY O	DEATH	
9	VI	RGINIA		U.S	A-	WIDOWE	D NEVER MARR		CARROL	L COL	NTY	MD
1		TY OR TOWN OF DE	ATH			G HOME C	OR OTHER INSTITUT		12a. USUAL OCCUPATIO			OF BUSINESS OR
0		NEYTOWN		56 TREVANION Rd					HOUSE WIFE		INDUSTRY	
1		STATE	13b. COUN		13c. CITY OR TOW		13d. INSIDE CITY LI	IMITS?	13e.STREET ADDRESS /	ZIP CODE	- 133	21700
0	-	ARYLAND	CARR	DLL	TANEYTOU	NN	YES NO		56TREVA	NOIN	Rd.	/8/</th
1		THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAI	DEN NAM	ALIDDIE.		IAS	T
	L	ELMER	P.		BELL	- W. T.	RUB	/	ANN		FRAL	EY
1		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	- 1 -	ADDRES	\$3200	Lowman	n Lane
	1	N) O			413-10-2	055	MINS. WA	RNEI	e (DAUGHTER)Linwo	od, M	D 21764
		18 CAUSE OF DEAT	H (Enter onl	y one couse per	line for (a), (b), and							MATE INTERVAL
1		PART I. DEATH W		E CAUSE (0)	MULTI	DLE	MYELDI	nA			44	es
/				DUE TO, OF	R AS A CONSEQUE	NCE OF					1	W u de la
		Conditions, if ony, which (h)										
		gove rise to imi	ng the	DUE TO, OF	R AS A CONSEQUE	NCE OF						
		underlying couse	lost.	((c)						1.48		43000
	7	PART 2. OTHER SIGN	NIFICANTO	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR COND	TION GIVEN	IN PART 110	3
	CERTIFICATION											
9	FICA	19a. DATE OF OPERA	IION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED)	20g AUTOPSY?	20b. IF YES, W IN CERTIFYIN	ERE FINDING CAUSES	GS USED OF DEATH?
4	RTI	21 45500511111111111111111111111111111111	200111111111111111111111111111111111111		T to LILLIDAY		1		YES NO	YES [NO 🗌
0		OR CONTRIBUTING		11b. TIME O HOUR A./	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDI	CALEXAMINER)	P./		19						
1	MED	21d INJURY OCCUR		21e. PLACE (DF INJURY EET, FACTORY, OFFICE, FA	RM, ETC }	211 LOCATION STREET		CITY OF TOW	N	COUNTY	STATE
50		AT WORK AT WO	RK L					1000				
0.9		220 I certify that		3/- 11	40	6/1		79	_, to _ 8/24			that 🐧 (we) last
		sow the deceas above, (1) (we) (dig (did not	view the body	ofter death.	., 01.		opinion d	eath occurred on the date	e and hour ar	nd from the	couses stated
		17E SIGNATURE	-		1	ſ	DE GREE ATTEN	DING	MEDICAL STAFF		220 DATE	SIGNED
		(Nm	17		روم ا		PHYS	ICIAN Z			8/2	4/87
/		22d. PHYSICIAN'S N					22e ADDRESS		,	-	/	/
		wm- K	1 4/1	JTHICU	m, m.D		TANEYT	TOWN	MARYLA	(Cub	2178	7
	23a. B	URIAL, CREMATION,		23b. DATE			EMETERY OR CREM		23d. LOCATION	P.	OLINITY	STATE -
	** 5	Burial		28 Aug		A	le Cemete	-4	Keysville,			
'B4		iles Funer	n 1 II.					25a DATE	REC'D. BY REGISTRAR 25		. 76	JRE .
	SK	rres runer	al HO	ile '.	Taney town	, MD	21/0/	AUI	G 2 7 1987	14th on amount	THOUSE -	- shorter

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

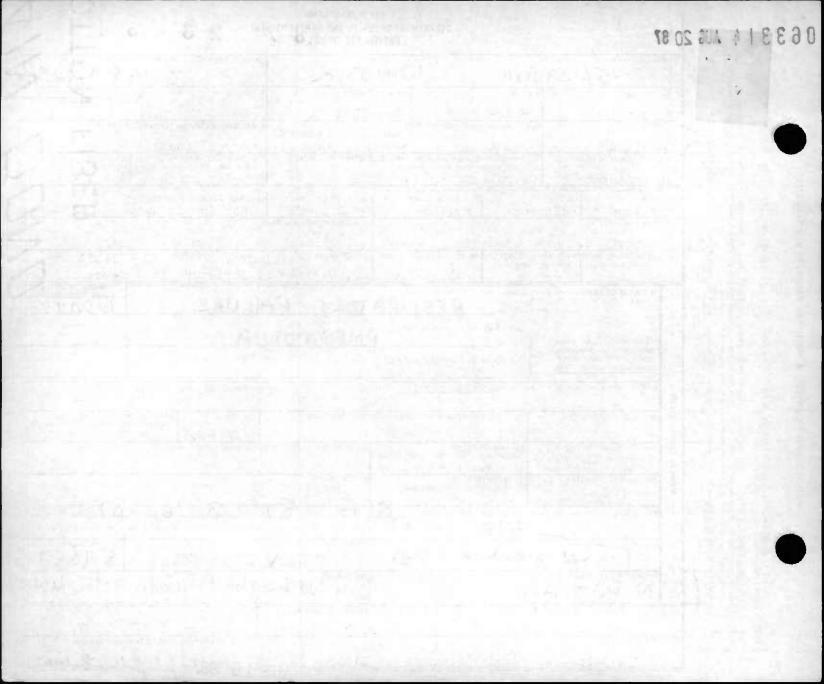
2 3 4 6

Т		REGISTRAR				REG. NO.			
1	I. DECEASED NAME FIRST				LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
4	(TYPE OR PRINT) SLIZA		BETH	WIN	DSOR	8	1687 1230 Pm		
1	3 SEX	(4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IE UNDER 1 YEAR IF UNDER 24 HRS		
	Fe	male	White 8-9-		-1903	84 YRS.	MONTHS DAYS HOURS MIN.		
4	D. BIR	RTHPLACE (STATE OR FOREIGN	26 CITIZEN OF WHAT COUNTRY? IR			BALTIMORE CITY OR COUNT			
1	Maryland USA			MARRIE	ED NEVER MARRIED XX	Carroll County MD.			
10. CITY OR TOWN OF DEATH			11. NAME OF	OSPITAL, NURSING HOME		120. USUAL OCCUPATION	126. KIND OF BUSINESS OR		
Westminster			Carroll County Hos		tal	Ret-Key Punch.	B & O Railroad		
	USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION		130 STREET ADDRESS / ZIP COI			
1		Aryland Baltimore Woodlawn			YES NOXX	re. 21207			
		FATHER'S NAME			15. MOTHER'S MAIDEN NA				
Я	7	Robert E. Lee	MIDOLE e Winds	LAST	Sarah	Ellen	Hamer		
٦	lås W	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY NO.					
j			E-WAR OR DATES)	705-03-7562	baltimore, rib				
	No				THE WILLIAM	D. Dellvilet 100	07 Newcastle Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		DCC DIDC	ITARY C	Allines	ID DAY		
		IMMEDIA1	re CAUSE (0)	K52 114	100	MILORC	100113		
			DUE TO, O	R AS A CONSEQUENCE OF	PNEUMOS	MIA			
		Conditions, if any, which gave rise to immediate	(b)		11/5000100	VIII			
		couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last.							
			((c)_						
	z	PART 2. OTHER SIGNIFICANT O	CONDITIONS <u>CO</u>	ONTRIBUTING TO DEATH 8U	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 110		
	ATIO	190 DATE OF OPERATION	TIRK COND	ITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? 206 IF Y	ES, WERE FINDINGS USED		
2	MEDICAL CERTIFICATION	THE DATE OF OPERATION	170. COND	INOM FOR WINCIT OF ERATIO	SIN WAS LEIN ONMED	IN CER	TIFYING CAUSES OF DEATH?		
-	ERTI	210. ACCIDENT WAS UNDERLYING	7 216. TIME O	F IN IURY	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM TO			
1	J C	OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DAY YEAR		(CITERIANIONE OF POOR INTERNAL			
)C	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e PLACE	M. 19	211 LOCATION				
	ME	WHILE IT NOT WHILE IT		REET, FACTORY, OFFICE, EARM, ETC }	STREET	CITY OR TOWN	COUNTY STATE		
		AT WORK		8	16 8	8.16	8		
		220. I certify that (I) (this haspi saw the deceased alive on	C) . /		and that in (my) (our) aguing	death accurred on the date and h	, 19, that (I) (we) lost		
		above, (1) (we) (did) (did ac	224 DATE SIGNED						
		276 SIGNATURE	mod	an er	DEGREE ATTENDING \	MEDICAL STAFF	Q. 16 C)		
	100	000	000		ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	0 (00)		
		22d. PHYSICIAN'S NAME (TYPE O	ORPRINT)		27e ADDRESS	motor Hts. West	minster MD2115		
		10. KU 2 LH	iku.		224 1/42.	0,			
	23a. B	BURIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE		
		Burial	8-18-8		Park Cemetery				
	24 FL	JNERAL DIRECTOR Loring	Byers 1	Funeral Direct	Jors, The	TE REC'D. BY REGISTRAR 25b. REG	STRAR'S SIGNATURE		
	8	3728 Liberty Rd	. Randa	allstown, MD	21133	12 10 1007 11:	Trades Perdales.		

DHMH - 16 60M 7/84

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(VRA 15, 4)



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DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	_	187 STATE CERTIFICATE OF DEATH OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH OF THE STATE CERTIFICATE OF THE STATE CERTIFICATE OF DEATH OF THE STATE CERTIFICATE OF DEATH OF THE STATE CERTIFICATE OF THE CERTIFICATE OF THE STATE CERTIFICATE OF										
	1 DEC	MARV	N. NO	Norene WINDSOR N. Norene WINDSOR RACE US DATE OF BIRTH			O DATE OF DEATH	1 8	3 87	HOUR LOOP PM		
)	FEMALE WHITE			MONTH DAY YEAR			78	YRS		FDEATH JNTY MD.	
5	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		1.5	what country?	MARRIED NEVER MARRIED WIDOWED DIVORCED			CARROLL COL		OFDEATH		
	13	Y Kesville	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SUBSTITUTION CONTROL OF THE CONTROL				126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOusewife 126 KIND OF BUSINESS OR INDUSTRY					
5	TJ# S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Aryland Car		13c CITY OR TOW Sykesvi	N		X	7503 Gait	zip code her Ro	2178	4	
20	1	ATHER'S NAME FIRST FINARD VAS DECEASED EVER IN U.S. AI	Carlton	LIAST KING	PITY NIO	15 MOTHER'S N	Nonie	WIDDIE		Lydard		
			VE WAR OR DATES)		485	Ann Th				olphin A Florida	32068	
		18 CAUSE OF DEATH Enter o PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (a)	line for 101, (b), and	C	.V. (}			BETWEEN ON	ATE INTERVAL ISET AND DEATH	
		Canditions, if ony, which gave rise to immediate cause (o), stating the underlying couse last.	NCE OF	- <u>(4, T</u>								
	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH (200 AUTOPSY?	20b IF YES	S, WERE FINDING	IN PART I I I VÉRE FINDINGS USED IG CAUSES OF DEATH?	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIN	DE INJURY M. MONTH DA	Y YEAR	21c. HOW INJU	RY OCCURR	YES NO DED (ENTER NATURE OF INJU	YE RY IN ITEM 18 P		NO []	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
		220.1 certify that (1) (this hospital) ottended the deceased from Vov Evaluation (my) (our) opinion death accurred on the date and hour and from the couses stated above, (1) (we) (did (did not) view the body after death.										
		DEGREE M.D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							224. DATE SI	GNED 3\87		
		22d. PHYSICIAN'S NAME (TYPE OF PRINT)										
	(Burial, cremation, removal Burial	23b. DATE Aug.15			emetery or cre rklawn	MATORY	Rockvill	e, Mor	ntgomery	, Md.	
	24 FL	oneral director	worth,P	A., Dama:	scus,	Md.	AUG	REC D. BY REGISTRAR	letie De	widson-Par	BARRY !	

ACLAMBA V ARM 1 13 E. PERMALE MANUFESTER OF STREET CARCOL COURT officered and the property of the second of the second of The succession of the state of at the A. I. Howall best and invinte do dans net . . . PART TO STORE

old and a sold and a sold a so

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21241 064339 SEP CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle funeral 1 and 2 er death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Month (Type or print) Day 9:55AM Zeidner Harry 8-26-87 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX last birthday) Male White 09-15-11 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED .⊆ papers. Carroll County WIDOWED | DIVORCED XX Poland USAfilled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 3 IO. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Springfield Hospital Ctr. during most of working life even if retired Li industry Sykesville mpletely 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. Carroll Misim 1944d YESK NO Springfield Sykesville Road physicion and come en please remove 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Benjamin Zeidner Mora Lena puo 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) Springfield Hospital Center Records or removal, 116-07-5002 Sykesville, MD 21764 n signed by the ottending permit because burial transit permit. Then burio, cremation or companion or compani APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cardiopulmonary arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) (b) Pulmonary Embolism Recurrent Minutes rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; (d) Arteriosclerotic cardiovascular disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) r this certificate has been si detoched for use os the b te Dept. of Health prior to b or ottending 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 150 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [NO 🔽 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. the hospital Month Doy Year (If either, notify medical exominer) detoched State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I **certify** that (I) (this hospital) attended the deceased from <u>January 2</u>, 1968, to <u>August 261987</u>, that (I) (xe) lost saw the deceased olive an <u>August 26</u>1987, and that in (my) (our apinion death occurred on the date and hour and from the be retoined TO FUNERAL DIRECTOR: causes stated above. * (we) (did) (six proximize with body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 8-26-87 DEGREE directar, page should be filed ed PHYS. TO HOSPITAL Poge 4 may b 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Springfield Hosp. Ctr., Sykesville, MD21784 Suha Ozgun, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION,

VR A15 (4) 25m-1/70

Burial (Specify)

24. FUNERAL DIRECTOR Ives-Pearson Funeral Homes Falls Church, Va. 22046

Aug. 27,1987

2So. REC'D BY REGISTRAR

King David Memorial Pk.

Falls Church, Virginia